



STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION

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Helena Montana 59620-0130



1-800-287-8266/444-7462
FAX: (406) 444-0703

TO: Members of the State Employee Benefits Plan

FROM: Health Care and Benefits Division

DATE: September 11, 2006

SUBJECT: Changes for the 2007 Plan Year

Welcome to the Annual Benefit Change period for the 2007 plan year. Along with this booklet you will receive your personalized *Individual Benefits Statement Form* which summarizes your current benefit elections as well as a *Declaration of Tax Status Form*. We encourage you to review these materials and attend an annual change presentation to hear more information about how your benefits work and how you can make the optimal use of them.

You can elect your 2007 benefits with either your Individual Benefits Statement form or on-line if you are an employee with access to the MINE system. For your added convenience, you can also access this on-line application from your home or any public computer. Check for access details and instructions on page 4 of this booklet. The deadline to submit changes for the 2007 plan year is October 16, 2006.

Additionally, the Health Care and Benefits Division will be working with agencies on a program to better ensure a safe and healthy work environment for each employee. While most of us never think about what happens if we are injured on the job, each year in state government, we have 180-200 people who are unable to work for some period of time due to injuries. Governor Schweitzer is dedicated to making certain that every employee is returned home at the end of their work shift in the same condition they came to work.

We are excited to be able to offer both new and enhanced benefits to you in 2007! While more detail is provided within the pages of this booklet on each benefit, some changes worth noting are:

◆ **Medical Plan Changes (pages 8 -14)**

The Traditional Plan has been enhanced to include an immunization benefit. Additionally, when electing a managed care plan (New West, Blue Choice, Peak), there is no longer a requirement to choose a Primary Care Provider. It is still important to determine the network providers of each plan, so be sure to check the providers in this booklet along with the appropriate plan websites for this information.

◆ **New Vision Plan offering (page 18)**

This **new** optional vision plan is an enhanced benefit design with an annual enrollment and favorable premiums.

◆ **Dental Benefit enhancement (page 17)**

The dental benefit maximum increases to \$1200 per member per year.

◆ **Wellness Program enhancements (page 26)**

There are several enhancements to the Wellness Program in 2007. The health screenings will be offered free every year statewide and will now **include spouses and/or dependents over age 18 at no charge**. A new weight loss program, “Why Weight”, is available to qualified members who, with the help of a health coach, work toward weight loss goals. The “Well on the Way” Program offers assistance to members in obtaining necessary health care services.

◆ **Long Term Disability Benefit (page 25)**

While this benefit experienced a two percent premium increase, employees enrolling during this Annual Change period are guaranteed coverage without submitting medical information.

◆ **Working Families Tax Relief Act (page 15)**

This Federal regulation requires that every employee who covers dependents on their medical, dental, or vision plan certify their tax status. If you received a *Declaration of Tax Status Form*, please make sure you return the completed form by October 16, 2006.

As of January 1, 2007 the state share contribution for benefits on behalf of active employees increases to \$557 per month. This is a \$51 per month increase over the 2006 plan year contribution.

- > For **employees who cover only themselves**, the amount of additional state share which remains for use in purchasing benefits outside the core benefits or setting aside in a flexible spending account can be as much as **\$109 per month!**
- > Once again, **employees and their dependents** will see no out-of-pocket increase in premium costs depending on medical plan selected. In some cases, employees or families may actually see a reduction of up to **\$68 per month** in their net out-of-pocket premium costs!
- > **Retirees and their dependents** out-of-pocket costs for premiums can increase or decrease depending on what medical plan is selected and whether you are Medicare eligible or not.
 - For the Traditional Plan, rates for non-Medicare retiree premiums increased by \$51 per month in response to the increase in state share contribution. However, for non-Medicare retirees who are eligible and opt to select the Peak or New West Plans, premium changes may be more favorable. The New West Plan premiums increase on average by \$25 per month. The **Peak Plan premiums decrease in some rate tiers between \$2-\$30 per month**. Please take a moment and review the information related to managed care plans and their coverage areas when selecting a medical plan.
 - For **Medicare retirees, premiums remain at the same level or decrease** depending on medical plan selected.

Once again we encourage you to review this packet carefully and make your benefit choices. Please review the schedule of Annual Change Presentations on page 7 of this booklet and attend a meeting. If you are unable to attend, please call us at 1-800-287-8266 or 444-7462 (in Helena) and we will be happy to assist you.

We look forward to seeing you at the Annual Change presentations and please remember that the **deadline for submitting benefit changes for 2007 is October 16, 2006.**

WORK SAFE, LIVE WELL

Sponsored by the Health Care and Benefits Division
1-800-287-8266 or 444-7462 • www.benefits.mt.gov



GENERAL INFORMATION

PROGRAM DESCRIPTION

The Work Safe, Live Well program is designed to enhance the safety and well-being of State of Montana employees in the workplace. This is a new program sponsored by the Department of Administration to assist employees and agencies in being able to ensure a safe working environment, reduce the incident of injuries and accidents in the workplace, and to help employees who are injured to be able to return to meaningful and productive work as soon as possible.

WHO IS ELIGIBLE

All employees for whom the State of Montana as an employer provides workers' compensation coverage will be eligible for this program. In addition, the Department of Administration will serve as a central resource for agencies in working to enhance existing safety, loss-prevention, and return-to-work activities as well as creating access to these activities for agencies which do not currently have them in place. Finally, the Department will work with our workers' compensation insurer, Montana State Fund, to coordinate coverage between our self-insured health insurance programs and workers' compensation coverage.

WORKING SAFE - GETTING STARTED

The first step toward keeping yourself and your workplace injury-free is awareness of the safety and loss-prevention tools available to you. During the upcoming year, additional resources will be provided for your agency and/or from the Health Care and Benefits Division website at www.benefits.mt.gov.

1. Be aware of your environment and head off problems. Participate in safety seminars and programs if available and learn about keeping yourself, your work environment, and your co-workers free from injury.
2. Use proper safety equipment and follow recommended safety standards and

protocols. Get the right equipment for the job and avoid injury (that includes office work – repetitive motion injuries are a significant portion of our experience within the State).

3. Take safety seriously. A moment of distraction or carelessness is all it takes to cause a lifetime of disability.

4. Take responsibility individually for keeping yourself safe and observing the safety of others.

Employees who are eligible for health insurance benefits can also take advantage of the various programs available through their benefits package. The Health Care and Benefits Division offers several programs to enhance and protect the health of State of Montana employees and help them to live well. The Spring Fitness program, Annual Health Screenings, *Why Weight and Well on the Way* programs are some of the enhanced or new programs available to State of Montana workers aimed at enhancing overall health and reducing potential for disability.

SAFETY RESOURCES

Safety is an integral part of the Work Safe, Live Well program for State employees. Safety newsletters, workshops, posters, incentive programs and articles are key components in communicating effectively. Together with Montana State Fund, we are cooperating to ensure that workers have access to safety management services to reduce the overall number of workplace injuries and illnesses.

Please check within your agency to determine what resources exist as well. Many agencies have safety organizations or personnel who can assist in making sure you have the resources and information you need.

FRAUD FINDERS

What is fraud? It is more than an employee faking an injury. It encompasses medical providers authorizing and billing excessive or uncompleted medical services

or employers falsifying payroll records to lower premiums. When fraud occurs, it costs all of us and it is **AGAINST THE LAW!** To report suspicious activity, you can either fill out State Fund's **Internet Reporting Form** (accessible from the *Online Tools/Report Fraud* section of their website), or call their **Fraud Hotline: 888-MTCRIME (888-682-7463)**. All contacts will remain strictly confidential.

In the coming months, please check the Health Care & Benefits website, www.benefits.mt.gov for updates and a description of the developing Fraud Finder program.

REPORTING AN INJURY

Filing a "First Report of Injury" is the initial step to get injured employees the medical care they need to heal their injury and get them back to work as soon as possible. Injured Employees should report an on-the-job injury as soon as it happens to an assigned staff person or supervisor and file a "First Report of Injury" (FROI) form immediately thereafter. We strongly recommend filing within 24-hours of a reported accident.

FILING A FIRST REPORT

Telephone Reporting - Call State Fund at 1-800-332-6102 and a customer service specialist will complete the "first report of injury" with you over the telephone.

Paper/Hardcopy Reporting - If you do not have Microsoft Word software or would prefer to complete the First Report of Injury by hand, you may do so. Please download the form from the State Fund's website at www.montanastatefund.com and print or type information on the form and mail or fax it to: Montana State Fund, P.O. Box 4759, Helena, MT 59604-4759. State Fund's fax number is 406-444-5963.

On-Line Reporting - You can fill out your First Report of Injury form directly on-line at www.montanastatefund.com. However, due to the sensitivity of the information you will be providing, you must log in with a User ID and password.

BENEFITS ELECTION INSTRUCTIONS

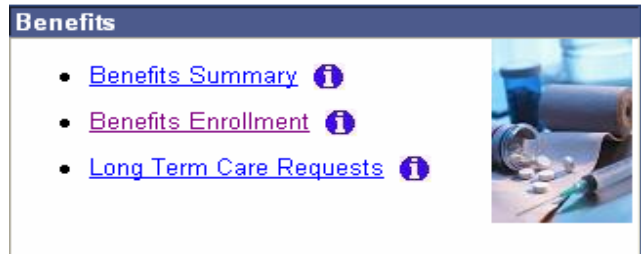
Welcome to the Annual Change period for the 2007 Benefit Plan Year. This is your **only** opportunity to elect or change certain benefit options for the upcoming year, so please take the time to review this information. The State's comprehensive package of benefits is an important part of employees' compensation, and we want to help employees make the most of their benefits.

INSTRUCTIONS

1. Read this booklet.
2. Attend a Benefits Presentation (schedule is listed on page 7). Family members are welcome!
3. Decide what benefit options you will elect for the 2007 Benefit Plan Year. You may use the Benefit Premium Cost worksheet on page 50 to determine your out-of-pocket costs.
4. Submit your 2007 benefit elections by **October 16, 2006** using one of the following methods:
 - a. Complete and return the *Individual Benefits Statement Form* or
 - b. Make your benefits on-line (if you must have MINE access)

For on-line access from your work location:

1. Log into MINE
2. Select the Employee Self Service tab
3. Select the Benefits Enrollment link







For on-line access from home or other public place:

1. Go to the State Employee Access site at www.mt.gov/employee
2. Select the Employee Self-Service Portal link
3. Log into MINE
4. Select the Employee Self Service tab
5. Select the Benefits Enrollment link.

State Employee Access

This page is for state of Montana employees and those doing work on behalf of the state only.

Web Mail  Login Instructions for Logging on to Outlook Web Access Spam Blocker (Espion Interceptor) FAQs	Citrix Portal  Login to Citrix Install Citrix Client
Current Virus DAT files Current Version 4.0.4835 Updated 08/23/2006  DOWNLOAD DAT in WINDOWS ZIP format (file size 7.93MB) DOWNLOAD SUPERDAT in WINDOWS EXE format (file size 8.54MB) DOWNLOAD DAT in UNIX TAR format (file size 9.13MB)	MINE  Employee Self-Service Portal Only available when outside the state network.

5. If you made your elections on-line, you will receive an **automatic Confirmation Statement** verifying your elections. Confirmation Statements will also be mailed the week of November 20, 2006.

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GLOSSARY

Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit year/Plan year

The period starting January 1 and ending December 31 of each year.

Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

Coinsurance

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment

A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered charges

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount that a member and family must pay before the medical plan begins to share the costs.

Formulary

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

Joint Core

An option that is available when both spouses are eligible state employees and have eligible dependents on their coverage. Spouses and children have only one family deductible and one family out-of-pocket maximum and may have a slightly lower premium than enrolling separately.

Managed care medical plan

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

Nonformulary

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

Out-of-network provider

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

Out-of-pocket maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

Participating provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

Primary Care Provider

A provider that coordinates a member's medical care and provides referrals for specialty care.

Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

HELENA BENEFITS PRESENTATION SCHEDULE

EMPLOYEES AND RETIREES:

Date	Time	Location
Tuesday, September 19	1 - 3 PM	DPHHS Auditorium
Friday, September 22	1 - 3 PM	DPHHS Auditorium
Tuesday, September 26	9 - 11 AM 1 - 3 PM	DPHHS Auditorium
Friday, October 6	9 - 11 AM	DPHHS Auditorium
Tuesday, October 10	9 - 11 AM 1 - 3 PM	MDT Auditorium
Wednesday, October 11	9 - 11 AM 1 - 3 PM	DPHHS Auditorium
Thursday, October 12	1 - 3 PM	DPHHS Auditorium

RETIREES:

Date	Time	Location
Tuesday, September 19	9 - 11 AM	DPHHS Auditorium
Friday, September 22	9 - 11 AM	DPHHS Auditorium

OTHER CITY PRESENTATION SCHEDULE

EMPLOYEES AND RETIREES:

City	Date	Time	Location	
Billings	Wednesday, October 11	10 - 12 AM	MSU Billings Student Union	Lewis and Clark Room
Boulder	Tuesday, September 26	9 - 11 AM	MT Development Center	Treatment Service Rm 118
Bozeman	Tuesday, October 10	10 - 12 AM	Holiday Inn/5 Baxter Lane	Jefferson Room
Butte	Tuesday, September 26	1 - 3 PM	MT Tech Student Union Bldg	Highland/Big Butte Room
Deer Lodge	Tuesday, October 3	9 - 11 AM	Episcopal Church	307 Cottonwood Avenue
Glasgow	Thursday, September 28	9 - 11 AM	Cottonwood Inn	Rooms C & D
Glendive	Wednesday, September 20	9 - 11 AM	Glendive Medical Center	Via METNET conference
Great Falls	Thursday, October 5	9 - 11 AM* 2 - 4 PM*	MSU College of Technology School for the Deaf & Blind	Heritage Hall Auditorium 3911 Central Avenue
Havre	Wednesday, October 4	10 - 12 AM 1 - 3 PM	MSU Northern	Student Union Ballroom
Kalispell	Thursday, September 28	9 - 11 AM 1 - 3 PM	Outlaw Inn 1711 Highway 93 South	Winchester Room
Lewistown	Friday, October 6	10 - 12 AM	Yogo Inn/211 E Main	Sapphire Room A
Libby	Wednesday, September 27	9 - 11 AM	City Hall/952 E Spruce	Ponderosa Room
Miles City	Wednesday, September 27	9 - 11 AM	Miles Community College	Room 106
Missoula	Friday, September 29	9 - 11 AM 1 - 3 PM	Wingate Inn/5252 Airway Blvd	Ballroom
Shelby	Wednesday, September 20	9 - 11 AM	Toole County Hospital	Via METNET conference
Warm Springs	Tuesday, October 3	2 - 4 PM	Montana State Hospital	300 Garnet Way/Classroom

***Hearing Impaired Interpreter**

If auxiliary aids/equipment are needed, call 1-800-287-8266 or TDD relay at 1-800-253-4091 one week prior to presentation.

ANNUAL BENEFIT PLAN SUMMARY

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MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325
www.healthinfontmt.com

MEDICAL RATES

Monthly/Per Paycheck Premiums	Traditional	Blue Choice	Peak	New West
Employee	\$526/\$263	\$508/\$254	\$438/\$219	\$418/\$209
Employee & spouse	\$698/\$349	\$668/\$334	\$586/\$293	\$564/\$282
Employee & children	\$652/\$326	\$626/\$313	\$550/\$275	\$528/\$264
Employee & family	\$726/\$363	\$696/\$348	\$610/\$305	\$586/\$293
Joint Core	\$580/\$290	\$548/\$274	\$476/\$238	\$454/\$227

MEDICAL PLAN COSTS

Annual Deductible*
(Applies to all services with a coinsurance percentage unless otherwise noted or a co-payment is indicated)

Coinsurance Percentages (% of allowed charges member pays)
General
Preferred Facility Services *(See pages 36-37 for a list of preferred facilities)*
Nonpreferred Facility Services *(See page 36 for a list of non-preferred facilities)*

Annual Out-of-Pocket Maximums*
(Maximum coinsurance paid in the year; excludes deductibles and copayments)

MEDICAL PLAN SERVICES

Hospital Services
(Inpatient services must be certified. Pre-certification is strongly recommended.)

Room Charges

Ancillary Services

Surgical Services

Outpatient Services

BENEFIT YEAR 2007

NON-MEDICARE MEDICAL RATES (under age 65)

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Retiree	\$526	\$508	\$438	\$418
Retiree & spouse	\$698	\$668	\$586	\$564
Retiree & children	\$652	\$626	\$550	\$528
Retiree & family	\$726	\$696	\$610	\$586
Retiree & Medicare spouse	\$610	\$586	\$496	\$496
Retiree & Medicare spouse and child	\$638	\$612	\$520	\$516

MEDICARE MEDICAL RATES (age 65+)

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Medicare retiree	\$186	\$168	\$146	\$144
Medicare retiree & spouse	\$394	\$344	\$306	\$312
Medicare retiree & children	\$334	\$292	\$262	\$266
Medicare retiree & family	\$416	\$360	\$320	\$326
Medicare retiree & Medicare spouse	\$346	\$302	\$268	\$274
Medicare retiree & Medicare spouse & family	\$382	\$332	\$294	\$300

TRADITIONAL PLAN

MANAGED CARE BENEFIT PLANS

BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT
 NEW WEST - Administered by New West Health Plan
 PEAK - Administered by Peak Health Plan

Administered by BCBS

In-Network Benefits

Out-of-Network Benefits

\$550/Member
\$1,650/Family

\$400/Member
\$800/Family

Separate \$500/Member
Separate \$1,000/Family

25%
20%
35%

25%

35%

Average of \$2,500/Member
(20% - 35% of \$10,000 in allowable charges)

\$2,000/Member
\$4,000/Family

Separate \$2,000/Member
Separate \$4,000/Family

Average of \$5,000/Family
(20% - 35% of \$20,000 in allowable charges)

***You pay deductible and coinsurance on allowable charges only (see Glossary on page 6).**

Member Coinsurance:

Member Coinsurance/Copayment:

Member Coinsurance:

20% - 35%

25%

35%

20% - 25%

25%

35%

20% - 25%

25%

35%

20% - 35%

25%

35%

20% - 35%

25%

35%

ANNUAL BENEFIT PLAN SUMMARY

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MEDICAL PLAN COSTS

Physician Services

Office Visits

Inpatient Physician Services

Lab/Ancillary/Miscellaneous Charges

Emergency Services

Ambulance Services for Medical Emergency

Emergency Room

Hospital Charges

Professional Charges

Urgent Care Services

Facility/Professional Charges

Lab & Diagnostic Charges

Maternity Services

Hospital Charges

Physician Charges

Prenatal Office Visits

Routine Newborn Care

Inpatient Hospital Charges

Preventive Services

Adult Exams and Tests

Mammogram, gyno exam and pap, proctoscopic
and colonoscopic exams, PSA tests, bone density tests

Adult Immunizations (such as Pneumonia and Flu)

Allergy Shots

Child Checkups and Immunizations

Mental Health Services

Inpatient Services

(Inpatient services must be certified. Pre-certification is strongly recommended.)
Max: One inpatient day may be exchanged for two partial hospital days.

Outpatient Services

With EAP counselor referral

With NO EAP counselor referral

BENEFIT YEAR 2007

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (only includes basic preventive labs)	35%
25%	25%	35%
25%	25%	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or out- patient surgery coinsurance applies)	\$75/visit for facility charges only
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for routine office visits	35%
20% - 35% (no deductible)	25%	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$500 for colonoscopy, sigmoidoscopy, or proctoscopy 25% for bone density scan, sigmoidoscopy, colonoscopy, proctoscopy	\$15/visit (periodic physicals covered, including PSA, PAP, basic blood panel, and other limited lab work) \$0 co-pay for mammogram	35% (plan pays \$75.00 for mammograms - no deductible)
\$50 Max (no deductible)	\$15 with office visit 25% (no deductible) without office visit	35%
25% (no deductible)	\$15 with office visit	35%
25% (no deductible) 0% (no deductible for County Health Department through age 5)	\$15/visit Max: Academy of Pediatrics Definitions (through age 18)	35%
20% - 35% 21 days (No max for severe conditions)	25% 21 days (No max for severe conditions)	35% 21 days (No max for severe conditions)
25% Max: 40 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35% Max: 30 visits (No max for severe conditions)
50% Max: 20 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35% Max: 30 visits (No max for severe conditions)

ANNUAL BENEFIT PLAN SUMMARY

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MEDICAL PLAN COSTS

Chemical Dependency

Inpatient Services*

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Outpatient Services*

With EAP counselor referral

With NO EAP counselor referral

*Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

Rehabilitative Services

Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy

Inpatient Services

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Outpatient Services

Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

Extended Care Services *(Physician ordered/prior authorization recommended)*

Home Health Care

Hospice

Skilled Nursing

Miscellaneous Services

Dietary/Nutritional Counseling

(When medically necessary and physician ordered)

Durable Medical Equipment, Appliances, and Orthotics

(Prior authorization required for amounts >\$1,000)

PKU Supplies

Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

Transplant Services

Lifetime Maximums:

BENEFIT YEAR 2007

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% - 35%	25%	35%
^{25%} Max: 40 visits and Dollar Limit*	^{\$15/visit} Max: Dollar Limit*	^{35%} Max: Dollar Limit*
^{50%} Max: 20 visits and Dollar Limit*	^{\$15/visit} Max: Dollar Limit*	^{35%} Max: Dollar Limit*
20% - 35% Max: 60 days	25% Max: 60 days	35% Max: 60 days
^{20% - 35%} Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	^{\$15/visit} Max: 30 visits	^{35%} Max: 30 visits
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
^{25% (plus charges over \$30/visit)} Max: 25 visits in any combination	^{\$15/visit} Max: 20 visits	^{35%} Max: 20 visits
25% Max: 70 days	^{\$15/visit} Max: 30 visits	^{35%} Max: 30 visits
25% (20% - 35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days	25% Max: 30 days	35% Max: 30 days
20% - 35% Max: \$250	\$15/visit	35%
^{25%} Max: \$100 for foot orthotics (per foot)	^{25% (Not applied to out-of-pocket max)} Max: \$100 for foot orthotics (per foot)	^{35%} Max: \$100 for foot orthotics (per foot)
25%	Plan pays for 100% for services	35%
25% <ul style="list-style-type: none"> • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum 	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

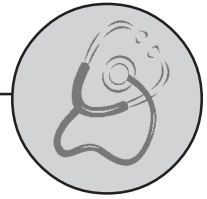
MEDICAL INSURANCE PLANS - 2007

Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200 • www.newwesthealth.com

Peak Health • 1-866-368-7325 • www.healthinphonetmt.com



CLICK ON IT!

Learn more about your insurance administrator's participating providers by visiting their web site at:

www.bluecrossmontana.com

www.newwesthealth.com

www.healthinphonetmt.com

WHO IS ELIGIBLE?

Employees, Legislators, Retirees, COBRA members and their dependents (spouse, domestic partner, children) of the State Benefit Plan are eligible for the Medical Insurance Plan. Employees are required to be enrolled in medical coverage unless they waive the entire benefit package.

HOW TO DECIDE THE RIGHT PLAN FOR YOU

1. Read about each plan in the General Information section on this page.
2. Review and compare each plan's costs, deductibles and services in the Benefits Summary, starting on page 8.
3. Review your typical health care needs compared with the benefit structure of the plans.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 33-35, along with the provider directories beginning on page 38.
5. Determine which plan will work best for your family.
6. If you choose to change plans for the 2007 benefit year, indicate your choice on the Individual Benefit Statement or on-line as indicated on page 4.

GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- **Traditional Indemnity Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

TRADITIONAL PLAN

The Traditional indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network – providers who have agreed to accept certain plan allowances.

How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts as full

payment. **Please verify a provider is currently participating by calling BCBS or checking their website.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 36 for a list of these facilities. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice, New West Health Plan, and Peak Health Plan are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and requirements for receiving services.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral/authorization is obtained).

In-Network Benefits

Anytime a network provider is used, the in-network (highest level of benefit) is applied. You can check to see if your current Primary Care Physician (PCP) is a member of the plan's network providers beginning on page 38, however you do not need to indicate your PCP to enroll in a managed care plan. For a complete listing of all in-network providers including specialists, check the plan administrator's

website or call their Customer Service number. A referral/authorization is not required for the plan member to see an in-network specialist. Referrals/authorizations **are** required to see an out-of-network specialist and still receive the plan's in-network benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral/authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

Office Visit Copayments/Labs

Beginning in 2007, the office visit copayment will only include labs if they are considered preventive as further described on page 10.

Major Plan Differences

The major difference in the managed care plans is the process for referrals/authorizations.

To obtain an authorization to see an out-of-network provider from the New

West plan, the member must contact New West directly.

Referrals for the Blue Choice and Peak Health plans are obtained through your Primary Care Provider.

Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 33-35 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre and Libby.

New West Health Plan

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, Libby, and Miles City.

Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and nearby communities.

IMPORTANT!
BCBS providers for the Traditional plan are different than the BCBS providers for the Blue Choice plan. A provider may be a member provider on one or both plans.

WORKING FAMILIES TAX RELIEF ACT (WFTRA)

WFTRA DEFINED

The Working Families Tax Relief Act is an IRS regulation that requires employees who cover dependents on their medical, dental, or vision coverage certify the tax status of each dependent. This certification is done through the completion of a *Declaration of Tax Status Form*.

WHO IS AFFECTED

All current employees who cover dependents on medical, dental, or vision coverage. Retirees and employees who do not cover dependents are not affected.

REQUIRED FORM

Employees with covered dependents received the *Declaration of Dependent Tax Status Form* with the other Annual Change materials. **This form must be completed and returned to the Health Care and Benefits Division by October 16, 2006** for the appropriate tax application of benefits for the 2007 plan year.

COMPLETING THE FORM

To assist in completing this form, flow charts (spouse, child, domestic partner)

State of Montana
Health Care and Benefits Division
PO Box 200227
Helena MT 59620
1-800-257-6886
444-7400 (in Helena)

DECLARATION OF TAX STATUS

The State of Montana is required by the Internal Revenue Service to apply the proper tax treatment before or after tax to benefits for every family member currently enrolled in medical, dental, or vision benefits. Therefore, it is important that you provide the tax status of each person enrolled. The qualification of those individuals as your spouse and/or dependent for tax purposes does not affect their eligibility for medical, dental or vision plans, but does impact the tax treatment of that coverage. The attached flowcharts are provided to assist you in determining and verifying the tax status of your family members.

Listed below is every person currently enrolled in medical, dental or vision benefits as of 09/06/2006. Check one of the two boxes below each name and return this form to the address above by 06/16/2006. If you do not check a box or respond by the deadline, premium contributions for those persons will be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for those persons will be added to your taxable income. The attached flowcharts provide the most complete overview of the tax rules possible; however, given the complexity of those rules, we recommend that you consult your tax advisor regarding your specific circumstances.

Spouse	
<input type="checkbox"/> Yes, this person is my Spouse	for tax purposes.
<input type="checkbox"/> No, this person is not my Spouse	for tax purposes.
Dx136	
<input type="checkbox"/> Yes, this person is my Dx136	for tax purposes.
<input type="checkbox"/> No, this person is not my Dx136	for tax purposes.
Dx136	
<input type="checkbox"/> Yes, this person is my Dx136	for tax purposes.
<input type="checkbox"/> No, this person is not my Dx136	for tax purposes.

outlining the IRS rules applicable to each of your dependents are also provided for you.

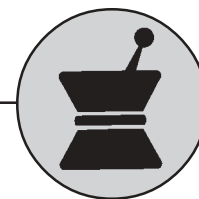
TAX CONSEQUENCES

If you return the form indicating that all your dependents are tax qualified, your tax treatment will not change.

If you return the form indicating that all or some of your dependents are NOT tax qualified, premium contributions for those persons cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for these persons will be added to your taxable income.

If the form is not returned, premium contributions for dependents cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for these persons will be added to your taxable income until such time as the return of the form indicates otherwise. In this case, changes can only be made prospectively.

PRESCRIPTION DRUG PLAN - 2007



Administered by PharmaCare • 1-888-347-5329 • www.pharmacare.com

Retail Pharmacy Deductible
\$100/Member
\$300/Family

Mail Order Pharmacy Deductible
\$0/Member
\$0/Family

Out-of-Pocket Maximums
Each Prescription \$250
Each Member \$1,400/year
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+	• Actual pharmacy charges • 20% coinsurance (\$18 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+	• Actual pharmacy charges • 30% coinsurance (\$26 minimum)	• \$60 copay + 30% of cost over \$400*

* For prescriptions costing more than \$400 for a 90-day supply, call PharmaCare to determine the total out-of-pocket cost.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Prescription Drug Plan is a benefit for all state employees, retirees, and COBRA members and their eligible dependents. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family annual deductible. If you use a pharmacy in the PharmaCare Preferred Network and have met your deductible, you only pay the applicable coinsurance.

You will have no unallowed charges.

Network pharmacy listings can be found on pages 30 - 32 of this booklet or on the PharmaCare website at www.pharmacare.com.

Formulary drug listings can also be found at the PharmaCare website.

Mail Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail order pharmacies are: PharmaCare Direct (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail order forms are available at Health Care and Benefits Division or at the PharmaCare website at www.pharmacare.com.

PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

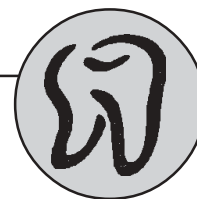
PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact PharmaCare at 1-888-347-5329 to inquire if this may apply to your prescription.

COVERAGE REMINDER

Coverage for Proton Pump Inhibitors (PPI) such as Aciphex, Nexium, Prevacid and Protonix are available under the prescription drug plan as long as they are filled at a retail pharmacy. Because of the availability of an over-the-counter alternative (Prilosec and its generic Omeprazole), PPI drugs are not available through the mail order facilities.

DENTAL PLAN - 2007



Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

Deductible
\$50/Member
\$150/Family

Good News
2007
yearly
maximum
increased
to \$1200!

	Monthly/Per Paycheck Premiums
Member/Retiree only	\$27.80/\$13.90
Member/Retiree and spouse	\$33.80/\$16.90
Member/Retiree and children	\$40.80/\$20.40
Member/Retiree and family	\$45.80/\$22.90
Joint Core	\$33.80/\$16.90

Covered Services	Plan Pays	Limitations/Maximums
Type A: Preventive and Diagnostic	• 100%**	<ul style="list-style-type: none"> • One full-mouth X-ray or series in any 36-month period. • One set of supplementary bitewing X-rays in any 180-day period. • Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 16.) • No deductible or yearly dollar maximum apply.
Type B: Fillings, Oral Surgery, etc.	• 80%**	<ul style="list-style-type: none"> • Subject to \$50 combined (with type C) deductible • Subject to \$1,200 combined (with type C) yearly maximum
Type C: Dentures, Bridges, etc.	• 50%**	<ul style="list-style-type: none"> • Subject to \$50 combined (with type B) deductible • Subject to \$1,200 combined (with type B) yearly maximum • Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.

**Of allowable charges.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees are required to be enrolled in dental coverage unless they waive the entire benefit package. Members also choose which dependents to cover. During the Annual Change period, you may add and/or delete dependents from the dental plan by selecting the appropriate boxes on the Individual Benefit Statement or online as described on page 4.

SERVICE TYPES

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only. The deductible does not apply to Type A preventive services.

Each member and dependent has a maximum yearly benefit of **\$1,200** for Type B & C services only.

If you use a Blue Cross Blue Shield participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

Type A Services

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and not more than one set of supplementary bitewing X-rays in any benefit year.
2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year.*
3. Unscheduled minor emergency treatment to relieve pain.

Type B Services

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings

4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

Type C Services

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$1,500 per person, per lifetime for dental implants while under the plan. This maximum is separate from the yearly maximum.
6. Dental sealants, limited to covered dependents under age 16 applied to molars once per tooth per lifetime. Repair and resealing are not covered.

VISION PLAN - 2007



Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co.
 1-866-723-0513
www.enrollwitheyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)

Member/Retiree only	Monthly/Per Paycheck Premiums
Member/Retiree and spouse	\$ 7.64/\$ 3.82
Member/Retiree and children	\$14.42/\$ 7.21
Member/Retiree and family	\$15.18/\$ 7.59
	\$22.26/\$11.13

Covered Services	Frequency	Coverage from an EyeMed Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	\$45 allowance
Frames	24 months	\$125 allowance with 20% discount over \$125	\$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal
UV coating		\$15	N/A
Tint (solid and gradient)		\$15	N/A
Scratch Resistance (standard)		\$15	N/A
Polycarbonate		\$40	N/A
Anti-Reflective Coating (standard)		\$45	N/A
Progressive Lens		\$65	N/A
Other Add-ons and Services		20% off retail price	N/A
Contact Lenses (if used instead of glass lenses)	12 months	\$125 allowance	\$80 allowance
Medically Necessary Contacts*		Paid in full	\$200 allowance

*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (such as cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other disease of the eye.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, retirees, legislators, COBRA members and their dependents are eligible for this optional benefit.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the online provider locator at www.enrollwitheyemed.com/access for a listing of providers near your zip code.

Once enrolled, visit, www.emvc.com to view coverage and eligibility information.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at

Network Providers, which may not be combined with any other discounts or promotional offers, and the discount **does not apply** to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement contact lenses may be obtained via the

Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, www.eyemedvisioncare.com, or by calling the Customer Care Center.

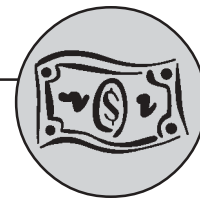
2) Make an appointment with an out-of-network provider they trust as their choice vision care provider.

3) Pay for all services at the point of care and receive an itemized receipt from the provider office.

4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

PRE-TAX PLAN - 2007

Administered by the State of Montana Health Care and Benefits Division
1-800-287-8266 or 444-7462 in Helena • www.benefits.mt.gov



Benefit of Participation
Pre-tax Eligible

Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, up to \$50,000 in employee term life, long term disability and flexible spending account elections.

****IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Health Care and Benefits Division of any changes as soon as possible to avoid losing premiums.***

GENERAL INFORMATION

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance premiums on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-tax Plan.

WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan.

Your current election will continue unless you change your election on the

Individual Benefits Statement form. Employees who enroll in a Flexible Spending Account are required to participate in the Pre-tax Plan.

ELIGIBLE BENEFITS

Premiums for the member's medical, dental, vision, accidental death & dismemberment (AD&D), employee term life, long term disability, and flexible spending elections may be paid pre-tax through the Pre-tax Plan. Additionally, premiums for the member's tax qualified dependents are also eligible for this plan.

INELIGIBLE BENEFITS

Dependent life insurance coverage, supplemental spouse life insurance coverage, and Long Term Care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan. Member's non-qualified tax dependents do not qualify for the pre-tax plan.

See page 15 for additional information regarding qualified/non-qualified tax dependents.

However, if you are thinking about leaving State employment and either taking COBRA or retiring, consider your circumstances carefully before prepaying premiums. If you have mid-year coverage changes that reduce the amount of your premium, *no refund of premiums is available*.

If you are on COBRA and you or your spouse lose eligibility because you obtain other employment offering coverage or become eligible for Medicare, *no refund of prepaid premiums is available*.

If you are a retiree and no longer need state insurance because of other coverage, *no refund of prepaid premiums is available*.

Consult your tax advisor to determine the specific effect the Pre-tax Plan will have on your taxes.

LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the dependent child turns 25 years old, marries, or gains employment offering similar coverage. Dependents losing eligibility for coverage due to divorce, turning age 25, or marriage will become ineligible at the end of the month for which a partial or full premium has been paid. Dependent children losing eligibility due to employment will become ineligible on the last day of the pay period in which the event occurs.

WHAT'S THE CATCH?

According to an interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Health Care and Benefits Division right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the Division of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.



RETIREES & COBRA MEMBERS

Retirees and COBRA members may prepay premiums up to the end of the year on a pre-tax basis.

FLEXIBLE SPENDING ACCOUNTS - 2007

Administered by ASI • 1-800-659-3035 • FAX 1-573-874-0425 • www.asiflex.com



Account Types Medical

Annual Amounts

- Minimum: \$120
- Maximum: \$5,000/Employee

Qualifying Expense Examples

- Eye exams, contact lenses and solution, glasses, LASIK surgery, dental exams and services, chiropractic care, prescription drugs and insulin, hearing aids and exams, doctor visits, copays, and deductibles.

Dependent Care

- Minimum: \$120
- Maximum: \$5,000/Family

- Day care centers (must comply with state and local laws), baby-sitters, preschool, and general-purpose day camps.

Administrative cost is \$2.16 per month.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

Retirees, Legislators, and COBRA members are not eligible to participate.

There are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of spouse/dependent child, or;
- a change in employment status which warrants the change.

The change must be "on account of" and "consistent with" the change in family status. For example, new dependents warrant increasing a medical FSA, not decreasing it. The change must be made within 63 days of the qualifying event.

HOW FSAs WORK

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance, and a dependent care FSA to pay for day care expenses.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount. Your selected amount is removed from your paychecks in 12 installments, first from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim and receive payment. There is a monthly

\$2.16 administration fee for one or both FSAs (\$25.92 per year).

Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the "use it or lose it" provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. EOB or day care provider receipt) to ASI either by fax or mail at the address listed on the claim form. ASI will send reimbursement within 24 hours of receiving your expense claim. ASI mails claim forms when you sign up for an FSA; the forms are also available on ASI's web site. Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

TAX ISSUES

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. Health care expenses paid through an FSA are 100 percent tax exempt. On your tax return, non-FSA medical expenses are only

deductible if they exceed 7.5 percent of your adjusted gross income. For most families, a Medical FSA provides more tax benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

IMPORTANT!

You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is not automatic!

Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$28,000 or more will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. You cannot use the child care credit for any amounts reimbursed through the plan.

WILL A MEDICAL FSA ACCOUNT HELP YOU?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available after the first contribution is deposited, even though the full amount is not yet collected.

If you answer "yes" to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

☐ Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?

☐ Do you expect to pay deductibles, coinsurance, or copayments under your medical and prescription drug insurance plans?

☐ Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?

☐ Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

Qualifying Health Care Expenses

For a complete list of qualifying health care expenses, refer to IRS Publication 502. Some examples include:

- Eye exams, contact lenses, contact lens solution, glasses, LASIK surgery
- Dental exams, cleanings, fillings, crowns, braces
- Chiropractic care
- Prescription drugs and insulin
- Hearing aids and exams
- Routine doctor visits
- Copays and deductibles



CLICK ON IT!

ASI's web site offers a wealth of resources for FSA participants:

- Find out how to file a paper claim, or print out a claim form.
- Look up the IRS guidelines of allowed services, including information regarding orthodontia, prescription eye wear, and contact lens solution claims.
- Print a form to sign up for direct deposit to your bank account, and get a personal e-mail notice of each deposit.
- Find out the status of your account using a personal identification number (PIN), which is printed on your ASI confirmation statement.

www.asiflex.com

Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Vitamins and herbs

DO YOU QUALIFY FOR A DEPENDENT CARE FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

☐ The amount to be reimbursed must not be greater than your or your spouse's annual earnings, whichever is lower.

☐ A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial support. Care may be provided either inside or outside your home, but may not be provided by anyone considered your

dependent for income tax purposes, such as an older child.

☐ A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support. Care may be provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503. Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
- Private school tuition (Kindergarten or higher)

MEDICAL/DEPENDENT CARE FSA WORKSHEETS

ELECTING A MEDICAL FSA AMOUNT

This worksheet will help you decide an appropriate annual election for a Medical FSA. Estimate your total annual health care expenses for the 2007 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

Insured Expenses	2006	Estimated 2007
Insurance deductibles	\$ _____	\$ _____
Insurance copayments	\$ _____	\$ _____
Dental deductibles/coinsurance	\$ _____	\$ _____
Expenses beyond benefit limitations/coinsurance	\$ _____	\$ _____

Out-of-Pocket Expenses

Immunizations, vaccinations	\$ _____	\$ _____
Birth control expenses	\$ _____	\$ _____
Routine exams and physicals not covered by insurance	\$ _____	\$ _____
Noncosmetic orthodontic expenses	\$ _____	\$ _____
Vision exams	\$ _____	\$ _____
Eyeglasses & contacts	\$ _____	\$ _____
Hearing exams/Hearing aids	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Total projected out-of-pocket expenses for 2007 \$ _____

**Total out-of-pocket expenses you are sure of
and want to pay through a Medical FSA** \$ _____

HOW MUCH MONEY SHOULD GO INTO MY DEPENDENT CARE FSA?

Use this worksheet to determine an appropriate Dependent Care FSA election.

Monthly Care Expenses	Estimated 2007
Infant/toddler	\$ _____
Preschool	\$ _____
Before and after school care	\$ _____
School vacations/holidays	\$ _____
Other dependent care	\$ _____
Total Monthly Expenses	\$ _____
	x 12

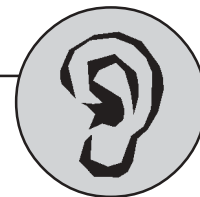
Total Annual Estimated Care Expenses=\$ _____

IMPORTANT!

Please be sure this amount
divides by 24 evenly
(the number of
deductions in the plan year).

EMPLOYEE ASSISTANCE PROGRAM - 2007

Administered by Reliant Behavioral Health (RBH) • 1-866-750-0512 • www.ReliantBH.com



Covered Services	Costs	Annual Maximums
Short-term Services		
Counseling	• Free	• 4 visits per issue
Legal Consultations	• Free	• 1/2 hour consultation
Financial Consultations	• Free	• unlimited
Long-term Services		
Counseling	• 25% with RBH referral	• 40 outpatient visits
Psychiatric Services	• 25% with RBH referral	• 40 outpatient visits
Chemical Dependency Services	• 25% with RBH referral	• 40 outpatient visits

*Inpatient and Non-referred Services are covered in the Mental Health & Chemical Dependency sections of the Plan Summary.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all state employees, legislators, retirees, and COBRA members enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

THE BENEFITS

The EAP benefits provide a variety of services including confidential counseling, legal and financial services, access to the Personal Advantage website, and 24-hour, toll-free access to crisis counselors.

CONFIDENTIAL COUNSELING

The EAP offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to 4 counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, RBH will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Traditional plan members will receive a better benefit for outpatient visits when they first obtain an RBH referral.

Managed care members do not need a referral to use RBH for short-term counseling needs. Please contact your plan administrator to determine referral requirements

prior to receiving long-term benefits.

By utilizing the services provided by RBH at no direct cost to you, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.

HELP IS HERE!
To schedule an appointment for:
- confidential counseling
- legal or financial services
- maternity services
- 24-hour crisis assistance.
CALL
1-866-750-0512

LEGAL & FINANCIAL SERVICES

You have convenient access to legal and financial professionals by simply contacting the EAP.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc. Members who retain financial professionals receive a 25% discount for services.

PERSONAL ADVANTAGE WEBSITE

The EAP includes a wellness focused website, Personal Advantage, where you can access self-care tools and up-to-date information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources, along with more than 60 on-line trainings.

To login to Personal Advantage

1. Go to www.ReliantBH.com
2. Click on the Register button
3. Follow the Registration instructions

24-HOUR CRISIS HELP

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-866-750-0512.

MATERNITY SERVICES

Health plan members have access to free maternity services including risk assessments, educational information, referrals, and other resources to help achieve a healthier pregnancy.

You can complete a brief assessment with a nurse to determine your pregnancy needs, and you'll receive a useful gift for your participation.

If you or your spouse is pregnant, you can access maternity services including free prenatal vitamins, by simply calling the EAP number 1-866-750-0512.

LIFE INSURANCE PLAN - 2007

Administered by The Standard Insurance Company
For information, call the Health Care and Benefits Division • 1-800-287-8266 or 444-7462



Monthly Premiums

Plan A: Basic Life (\$14,000)	\$1.76
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

Age Rates
*Based on employee's age
the last day of month*

<30 ...	\$.03
<35 ...	\$.05
<40 ...	\$.08
<45 ...	\$.10
<50 ...	\$.15
<55 ...	\$.23
<60 ...	\$.43
<65 ...	\$.66
65+ ...	\$.98

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all active employees, legislators, and non-Medicare retirees. Optional life insurance and Accidental Death & Dismemberment (AD&D) is available for employees, spouses, and dependents.

LIFE AND AD&D PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

During Annual Change you may delete coverage for plans B, C, D, and E. You may add or increase Plan E and apply for coverage or additional coverage under plans C and D. You may decrease coverage in Plan C down to your annual salary, rounded to the next highest \$5,000 increment.

CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65 or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees and is also available to retirees under age 65 who continue state benefits.

Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

Additional amounts are available in \$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life and requires evidence of insurability to be submitted and approved. The employee must be enrolled in Plan C for their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

Employee Only: Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

Employee and Dependents: The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

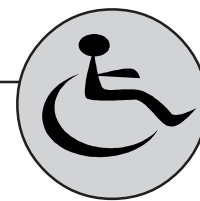
MAKING A CHANGE

If you are adding or increasing plans C or D, you will receive a Medical History Statement (application) from the Health Care and Benefits Division. You must complete and return this statement, which will be forwarded to Standard Insurance Company for underwriting and approval or denial. You will be notified of the underwriting decision and, if approved, the effective date.

IMPORTANT!

Rates automatically increase when you move into the next five-year age bracket.

LONG TERM DISABILITY INSURANCE - 2007



Administered by The Standard Insurance Company
For information, call the Health Care and Benefits Division • 1-800-287-8266 or 444-7462
www.benefits.mt.gov

Monthly Premiums

\$22.52 per member - Guaranteed enrollment during the Annual Change period for 2007!

GENERAL INFORMATION

Voluntary Long Term Disability (LTD) is insurance designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

WHO IS ELIGIBLE?

Long Term Disability (LTD) coverage is a voluntary benefit available to active employees (not including Legislators) who are enrolled in the medical plan. **Retirees and COBRA members are not eligible to participate.**

COST

The monthly premium per member is \$22.52 regardless of age or income level.

ENROLLING

To enroll in the plan, check the "yes" box in the Long Term Disability section of your Individual Benefit Statement or enroll on-line as indicated on page 4.

BENEFIT AMOUNT

The monthly LTD benefit is 60% of your insured predisability earnings, the amount you were earning before you became disabled, reduced by deductible income.

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as deductible income.

BENEFIT DURATION

If you become disabled and your claim for LTD benefits is approved by The Standard, LTD benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during this benefit waiting period.

If you become disabled before age 60, LTD benefits may continue during disability until you reach age 65.

If you become disabled at age 60 or older, the benefit duration is determined by your age when disability begins.

If you are age 60-64 when disability begins, your maximum benefit period is five years.

For ages 65-68, the maximum is to age 70.

For ages 69 and over, the maximum is one year.

ADVANTAGES OF LTD COVERAGE

- It covers your inability to work in your own occupation for the first 24 months you are disabled, whereas, many other benefits require you to be totally disabled from all occupations.

- If you are disabled from all occupations after 24 months, benefits may continue until you reach age 65.

- It covers disabilities that occur 24 hours a day, both on and off the job.

- If your employer makes an approved work-site modification that enables you to return to work while disabled, the plan will reimburse your employer up to a pre-approved amount for some or all of the cost of the modifications.

- While LTD benefits are payable, you may qualify to participate in a rehabilitation plan that prepares you to return to work. If you qualify, the plan may pay for return to work expenses you incur, such as job search, training and education, and family care expenses.

- If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable.

- If the group policy terminates, LTD benefits will continue as long as you are eligible to receive them.

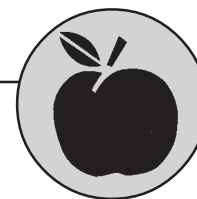
GREAT NEWS!
Employees who choose to enroll during this Annual Change Period are not subject to evidence of insurability and are guaranteed enrollment.

MORE INFORMATION

Long Term Disability brochures are available to provide more information on the plan. Brochures are available at www.benefits.mt.gov or by calling the Health Care and Benefits Division.

WELLNESS PROGRAMS - 2007

Sponsored by the Health Care and Benefits Division
1-800-287-8266 or 444-7462 • www.benefits.mt.gov/wellness.asp



2007 Programs	Cost	Benefits
Health Screenings	Free annually to member and dependents over 18	<ul style="list-style-type: none">• Confidential screenings for glucose, cholesterol, HDL, LDL, and triglycerides• Blood pressure and body mass index• Optional health screening tests and flu shots when available• Information on risk reduction through life-style modifications
Spring Fitness	Fee varies	<ul style="list-style-type: none">• Team program designed to get people <i>active</i>
Why Weight	Free	<ul style="list-style-type: none">• Helps qualified members get assistance from a health coach to reach weight loss goals.
Weight Watchers		<ul style="list-style-type: none">• Helps pay for qualifying employees/dependents over 18 to join Weight Watchers and get fit with up to \$75 biennial reimbursement
Lunch 'n' Learn Series	Free	<ul style="list-style-type: none">• This educational series offers healthy-living talks by local experts
Well on the Way	Free	<ul style="list-style-type: none">• Assists qualified members to obtain health care services

GENERAL INFORMATION

The Wellness Program is designed to assist plan members in their effort to enhance their health. The program includes the following options:

HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional screenings including PSA, TSH, CBC, Homocysteine, C-Reactive Protein, and flu shots when available.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

The health screening is now offered free every year to the medical plan member, spouses, and children over age 18. By participating in this FREE yearly screening, you save all the copayments or coinsurance that apply through your health plan.

SPRING FITNESS

This annual event helps you increase your physical activity and learn about proper nutrition and healthy lifestyles. Watch for details about this fun program in the Spring of 2007.

HUNTER FITNESS

If you are a hunter you will want to

participate in this six week program to help you get in shape for a more enjoyable and safe hunting trip. A grand prize is awarded at the end of the program.

WEIGHT WATCHERS

The Wellness Program will reimburse employees and/or dependents over 18 up to \$75/biennially if the following four criteria are met:

#1 Weight - Your beginning weight must be at least 10% over the maximum weight for your age (see Weight Watchers chart).

#2 Attendance - You must attend at least 75% of the classes offered.

#3 Achievement - You must achieve the 10% weight loss goal set in advance by the Weight Watchers instructor.

#4 Exercise - You must participate in some form of exercise three times per week and keep a journal of your exercise activities.

For more information on program qualifications and reimbursement instructions, call the Wellness Program.

LUNCH 'N' LEARN SERIES

Throughout the year, free educational lunchtime talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered and suggestions are welcome for future programs. If you are located outside Helena and would like to request a Lunch 'n' Learn in your area, contact the Wellness Program. Watch for the Helena Women's Health Fair in May and the Helena Men's Health Fair in June.

TELEBUDDY OF MONTANA

This program is designed to increase breast health awareness by promoting breast self exam, mammography, and clinical breast exams. Learn what is normal for you so you can detect any changes in your breasts. Do your monthly breast self exam and call a friend and remind her to do the same. Call the wellness program for more information and a reminder magnet.

WELL ON THE WAY

By completing a confidential questionnaire, you may qualify for this program designed to assist members with obtaining necessary health care services. Call the Wellness Program for more information.

WHY WEIGHT

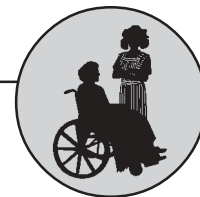
If you are ready to lose weight, have participated in the Health Screenings, and have a body mass index of 27 or higher, you can participate in this program. A health coach will assist you in setting and reaching your goals. Call RBH at 1-866-750-0512 for more information.

WELLNESS/BENEFITS NEWSLETTER

A newsletter updating you on benefits and wellness news is mailed to you twice a year. Make sure we have your current address so you don't miss out on articles, programs, and important benefits information.

LONG TERM CARE INSURANCE - 2007

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana



Options	Choices
Care Type	
Plan 1	• Facility (<i>nursing home or assisted living</i>)
Plan 2	• Facility + Professional Home Care (<i>Provided by a licensed home health organization</i>)
Plan 3	• Facility + Professional Home Care + Total Home Care (<i>Care provided by anyone, including family members</i>)
Monthly Benefit	
Nursing Home	• \$1,000 - \$6,000
Assisted Living	• 60% of the selected nursing home amount
Home Care	• 50% of the selected nursing home amount
Duration	
3 year	• 3 years Nursing Home
6 year	• 6 years Nursing Home
Unlimited	• Unlimited Nursing Home
	• or 5 years Assisted Living
	• or 10 years Assisted Living
	• or Unlimited Assisted Living
	• or 6 years Home Care
	• or 12 years Home Care
	• or Unlimited Home Care
Inflation Protection	
Yes	• 5% compounded annually
No	• No protection

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, legislators, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

ENROLLMENT

If you would like to sign-up for the plan, check the "Long Term Care Insurance Plan Enrollment Kit" request box on your Individual Benefits Statement Form or on-line as described on page 4. You may also request an enrollment kit by calling the Health Care and Benefits Division at 1-800-287-8266 or 444-7462 in Helena.

LONG TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

Types of Care

Plan 1: Facility (Nursing Home or Assisted Living)

Plan 2: Facility plus Professional Home Care (provided by a licensed home health organization)

Plan 3: Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

Monthly Benefit Amounts

• Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.

• Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount

• Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

Duration

Three Year: Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

Six Years: Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

Unlimited: Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

Inflation Protection

Yes: An inflation protection of 5 percent will be compounded annually.

No: No inflation protection will be provided.

LONG-TERM CARE INSURANCE RATES

For rates with Inflation Protection, see page 29

Rates shown are for a \$1,000 Monthly Facility Benefit.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

PLAN 1

Long-Term Care Facility
Non-forfeiture

PLAN 2

Long-Term Care Facility
Non-forfeiture
Professional Home Care

PLAN 3

Long-Term Care Facility
Non-forfeiture
Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age 18 - 30		1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
31	•	1.70	2.20	2.80	•	2.60	3.50	4.70	•	4.00	5.50	7.70
32	•	1.70	2.20	2.90	•	2.60	3.60	4.90	•	4.10	5.60	7.90
33	•	1.80	2.30	2.90	•	2.70	3.70	5.00	•	4.20	5.70	8.00
34	•	1.80	2.30	3.00	•	2.80	3.70	5.10	•	4.30	5.80	8.20
35	•	1.90	2.40	3.10	•	2.90	3.90	5.20	•	4.40	6.00	8.50
36	•	1.90	2.60	3.20	•	2.90	4.00	5.40	•	4.50	6.20	8.70
37	•	2.00	2.70	3.30	•	3.10	4.20	5.60	•	4.70	6.40	9.00
38	•	2.10	2.80	3.40	•	3.20	4.30	5.80	•	4.90	6.70	9.30
39	•	2.20	2.90	3.60	•	3.40	4.50	6.00	•	5.10	6.80	9.60
40	•	2.30	3.00	3.80	•	3.50	4.60	6.20	•	5.20	7.10	10.00
41	•	2.40	3.10	4.00	•	3.60	4.80	6.60	•	5.50	7.40	10.40
42	•	2.50	3.30	4.00	•	3.80	5.00	6.70	•	5.70	7.70	10.70
43	•	2.60	3.40	4.30	•	3.90	5.30	7.10	•	5.90	8.00	11.20
44	•	2.70	3.60	4.50	•	4.10	5.50	7.40	•	6.20	8.40	11.80
45	•	2.90	3.80	4.70	•	4.30	5.80	7.70	•	6.50	8.80	12.30
46	•	3.00	4.00	5.00	•	4.50	6.10	8.10	•	6.80	9.30	12.90
47	•	3.30	4.20	5.30	•	4.70	6.30	8.50	•	7.10	9.80	13.60
48	•	3.40	4.50	5.60	•	4.90	6.70	8.80	•	7.50	10.30	14.30
49	•	3.70	4.70	5.90	•	5.20	6.90	9.20	•	7.90	10.80	15.10
50	•	3.90	5.10	6.30	•	5.40	7.30	9.70	•	8.30	11.40	16.00
51	•	4.20	5.40	6.80	•	5.80	7.60	10.20	•	8.90	12.10	16.90
52	•	4.50	5.80	7.20	•	6.10	8.10	10.80	•	9.50	12.90	18.00
53	•	4.80	6.20	7.70	•	6.50	8.50	11.30	•	10.00	13.50	19.00
54	•	5.10	6.60	8.20	•	6.80	9.00	11.90	•	10.50	14.30	20.10
55	•	5.50	7.10	8.70	•	7.30	9.60	12.50	•	11.20	15.30	21.20
56	•	6.00	7.70	9.50	•	7.70	10.20	13.40	•	11.90	16.30	22.80
57	•	6.50	8.40	10.30	•	8.30	10.90	14.20	•	12.80	17.50	24.40
58	•	7.10	9.10	11.20	•	8.90	11.70	15.20	•	13.60	18.70	26.10
59	•	7.80	9.90	12.20	•	9.50	12.60	16.30	•	14.70	20.00	28.00
60	•	8.50	10.80	13.30	•	10.30	13.40	17.40	•	15.70	21.40	30.00
61	•	9.40	12.00	14.70	•	11.20	14.70	19.00	•	17.00	23.40	32.60
62	•	10.50	13.30	16.20	•	12.30	16.00	20.50	•	18.40	25.20	35.20
63	•	11.60	14.70	18.00	•	13.40	17.50	22.50	•	19.90	27.40	38.40
64	•	12.90	16.40	19.90	•	14.80	19.20	24.50	•	21.70	29.90	41.70
65	•	15.00	18.90	22.90	•	16.80	21.80	27.70	•	24.20	33.40	46.60
66	•	16.60	20.90	25.40	•	18.50	24.00	30.40	•	26.10	36.10	50.50
67	•	18.60	23.40	28.30	•	20.60	26.60	33.60	•	28.60	39.50	55.10
68	•	20.70	25.90	31.40	•	22.80	29.40	37.20	•	31.20	43.10	60.10
69	•	23.00	28.80	34.90	•	25.20	32.40	41.00	•	34.10	47.00	65.60
70	•	25.70	32.00	38.70	•	28.00	35.90	45.30	•	37.20	51.40	71.50
71	•	28.40	35.40	42.80	•	30.80	39.50	49.80	•	40.40	55.90	77.70
72	•	31.60	39.40	47.50	•	34.20	43.80	55.00	•	44.20	61.20	84.90
73	•	34.90	43.30	52.10	•	37.60	47.90	60.00	•	48.10	66.50	91.80
74	•	38.80	48.00	57.60	•	41.50	53.00	66.10	•	52.60	72.70	100.00
75	•	46.50	57.40	68.60	•	49.60	63.10	78.70	•	62.20	86.00	118.00
76	•	51.20	63.30	75.90	•	54.50	69.40	86.40	•	67.60	93.60	128.40
77	•	55.90	69.00	82.70	•	59.30	75.40	93.80	•	72.80	100.90	138.30
78	•	61.50	75.80	90.70	•	65.00	82.60	102.60	•	79.20	109.80	150.20
79	•	67.70	83.40	99.60	•	71.40	90.60	112.30	•	86.20	119.50	163.10
80	•	74.60	91.60	109.30	•	78.40	99.30	122.90	•	93.80	130.00	177.10
81	•	81.70	100.10	119.20	•	85.60	108.20	133.60	•	101.40	140.50	190.80
82	•	90.80	111.10	132.00	•	95.00	119.80	147.50	•	111.70	154.60	209.20
83	•	100.50	122.60	145.50	•	104.90	132.10	162.20	•	122.70	169.70	228.90
84	•	109.90	133.80	158.30	•	114.60	143.90	176.10	•	133.20	184.20	247.10

LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit with Inflation Protection.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

With
Inflation
Protection

PLAN 1

Long-Term Care Facility
Non-forfeiture

PLAN 2

Long-Term Care Facility
Non-forfeiture
Professional Home Care

PLAN 3

Long-Term Care Facility
Non-forfeiture
Total Home Care

Benefit Duration			3 YR			6 YR Unlimited			3 YR			6 YR Unlimited			3 YR			6 YR Unlimited		
Age	18-30		6.00	7.80	10.00				8.20	10.90	14.60				11.50	15.40	21.50			
31	•		6.10	8.10	10.20	•			8.30	11.20	14.90	•			11.70	15.90	22.00			
32	•		6.20	8.20	10.60	•			8.50	11.40	15.40	•			12.00	16.20	22.50			
33	•		6.50	8.60	10.80	•			8.70	11.80	15.70	•			12.20	16.60	23.00			
34	•		6.60	8.70	11.00	•			9.00	12.00	16.00	•			12.50	17.00	23.40			
35	•		6.90	9.00	11.40	•			9.30	12.40	16.40	•			12.90	17.50	24.10			
36	•		7.00	9.20	11.70	•			9.50	12.70	16.90	•			13.20	17.90	24.60			
37	•		7.20	9.60	12.00	•			9.70	13.10	17.40	•			13.50	18.40	25.30			
38	•		7.50	9.90	12.40	•			10.10	13.50	17.80	•			14.00	19.00	26.00			
39	•		7.70	10.00	12.70	•			10.40	13.70	18.20	•			14.30	19.30	26.50			
40	•		7.90	10.40	13.00	•			10.60	14.10	18.70	•			14.60	19.80	27.30			
41	•		8.20	10.60	13.50	•			10.90	14.50	19.30	•			15.10	20.30	28.00			
42	•		8.40	10.90	13.70	•			11.20	14.90	19.60	•			15.40	20.80	28.60			
43	•		8.60	11.30	14.10	•			11.50	15.30	20.20	•			15.90	21.40	29.40			
44	•		9.00	11.70	14.60	•			11.90	15.90	20.80	•			16.40	22.10	30.30			
45	•		9.20	11.90	14.90	•			12.30	16.20	21.30	•			16.80	22.60	31.00			
46	•		9.60	12.50	15.50	•			12.60	16.80	22.00	•			17.30	23.40	32.10			
47	•		9.90	12.80	16.10	•			12.90	17.10	22.50	•			17.90	24.10	33.10			
48	•		10.20	13.20	16.60	•			13.20	17.50	23.10	•			18.40	24.90	34.20			
49	•		10.70	13.80	17.10	•			13.70	18.10	23.60	•			19.10	25.70	35.20			
50	•		11.00	14.20	17.80	•			14.00	18.50	24.30	•			19.60	26.50	36.50			
51	•		11.50	14.80	18.50	•			14.60	19.20	25.10	•			20.50	27.60	38.00			
52	•		12.10	15.50	19.30	•			15.10	19.90	25.90	•			21.30	28.70	39.40			
53	•		12.40	16.00	19.90	•			15.40	20.30	26.60	•			21.90	29.60	40.80			
54	•		12.90	16.70	20.80	•			15.90	21.10	27.40	•			22.60	30.70	42.20			
55	•		13.80	17.70	21.90	•			16.70	21.90	28.30	•			23.50	31.70	43.30			
56	•		14.50	18.60	23.00	•			17.40	22.80	29.40	•			24.50	33.10	45.20			
57	•		15.30	19.60	24.20	•			18.30	23.80	30.80	•			25.80	34.70	47.60			
58	•		16.20	20.80	25.60	•			19.10	25.00	32.10	•			26.90	36.40	49.90			
59	•		17.10	21.90	26.90	•			20.00	26.10	33.60	•			28.20	38.10	52.30			
60	•		18.30	23.10	28.40	•			21.10	27.30	35.00	•			29.60	40.00	54.80			
61	•		19.70	25.20	30.80	•			22.50	29.40	37.50	•			31.50	42.80	58.70			
62	•		21.40	27.10	33.00	•			24.20	31.30	39.70	•			33.50	45.50	62.30			
63	•		22.90	29.10	35.50	•			25.70	33.30	42.30	•			35.50	48.30	66.30			
64	•		25.00	31.60	38.40	•			27.80	35.90	45.20	•			38.00	51.70	70.80			
65	•		28.10	35.50	43.00	•			30.90	39.80	50.00	•			41.70	56.80	77.80			
66	•		30.40	38.30	46.40	•			33.10	42.70	53.70	•			44.20	60.30	82.80			
67	•		33.20	41.80	50.50	•			36.10	46.40	58.20	•			47.60	65.10	89.10			
68	•		35.90	45.20	54.60	•			38.90	50.00	62.70	•			50.80	69.40	95.10			
69	•		39.20	48.90	59.20	•			42.30	54.00	67.80	•			54.60	74.40	102.20			
70	•		42.30	52.90	64.00	•			45.50	58.20	73.10	•			58.20	79.60	109.30			
71	•		46.10	57.50	69.30	•			49.40	63.10	78.90	•			62.40	85.50	117.10			
72	•		50.20	62.70	75.50	•			53.70	68.50	85.60	•			67.20	92.10	125.90			
73	•		54.10	67.10	80.80	•			57.70	73.40	91.40	•			71.80	98.20	134.00			
74	•		59.00	73.00	87.60	•			62.60	79.60	98.80	•			77.20	105.60	143.70			
75	•		69.20	85.60	102.50	•			73.30	93.00	115.30	•			89.70	122.70	166.50			
76	•		75.30	93.00	111.50	•			79.50	100.80	125.00	•			96.40	132.10	179.20			
77	•		80.60	99.40	119.10	•			84.80	107.50	133.30	•			102.00	139.90	189.70			
78	•		87.40	107.70	128.80	•			91.80	116.10	143.70	•			109.50	150.10	203.20			
79	•		94.10	115.80	138.50	•			98.70	124.80	154.20	•			117.00	160.70	217.20			
80	•		102.20	125.60	149.80	•			106.90	135.00	166.50	•			125.80	172.70	233.10			
81	•		110.20	135.10	161.00	•			115.10	145.00	178.50	•			134.40	184.40	248.40			
82	•		120.80	147.70	175.60	•			125.80	158.20	194.40	•			146.00	200.30	269.00			
83	•		131.70	160.70	190.70	•			137.00	172.00	210.70	•			158.40	217.20	290.70			
84	•		141.70	172.70	204.20	•			147.30	184.60	225.30	•			169.40	232.60	309.90			

PHARMACARE NETWORK PHARMACIES

*Network Pharmacies are subject to change

CITY	PHARMACY
Anaconda	CVS Pharmacy Osco Drug Safeway Pharmacy Thrifty Drug Store
Baker	Baker Rexall Drug Company
Belgrade	Albertson's Pharmacy Lee & Dad's Pharmacy
Big Sky	Bozeman Deaconess Pharmacy
Big Timber	Cole Drug
Bigfork	Llewellyn Drug
Billings	Albertson's Pharmacy - Central Ave. Albertson's Pharmacy - Grand Ave. Albertson's Pharmacy - Central Ave. Albertson's Pharmacy - North 27th Albertson's Osco Pharmacy - Main St. Billings Clinic Pharmacy Billings Health & Rehabilitation Community Health Center Pharmacy Costco Pharmacy County Market Pharmacy CVS Pharmacy Deaconess Billings Clinic Aspen Deaconess Billings Clinic Atrium Deaconess Billings Clinic Pharmacy First Pharmacy Juro's United Drugs K Mart Pharmacy NCS Healthcare of Billings Osco Drug - Grand Ave. Pharmacy 1 ShopKo Pharmacy #2106 Snyder Drug Store - Grand Snyder Drug Store - Main Snyder Drug Store - North 27th St. John's Pharmacy Target Pharmacy Valley Health Care Center Wal-Mart Pharmacy - Main St. Wal-Mart Pharmacy - King Ave. Western Medical Westpark Pharmacy Woodrows Pharmacy
Box Elder	Rocky Boy Health Board
Bozeman	Albertson's Pharmacy Costco Pharmacy CVS Pharmacy Gibson Pharmacy Highland Park Pharmacy K Mart Pharmacy Medical Arts Pharmacy Osco Drug Price Rite Drug Safeway Pharmacy Smith's Pharmacy Wal-Mart Pharmacy



CITY	PHARMACY
Broadus	Larry's IGA Pharmacy
Butte	CVS Pharmacy Driscoll Drug K Mart Pharmacy Osco Drug Safeway Pharmacy Wal-Mart Pharmacy
Chester	Liberty Drug
Chinook	Chinook Pharmacy
Choteau	Choteau Drug Inc
Columbia Falls	Columbia Falls CBOC Good Medicine Pharmacy Pamida Pharmacy Smith's Pharmacy
Columbus	Matovich IGA Discount Drug Snyder's Western Drug
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug
Culbertson	Culbertson Pharmacy
Cut Bank	Albertson's Pharmacy DrugMart
Deer Lodge	Keystone Drug Safeway Pharmacy
Dillon	Mitchells Drug Safeway Pharmacy
Ennis	Ennis Pharmacy
Eureka	Haines Drug - Eureka
Fairfield	Barrett Drug Fairfield Drug

PHARMACARE NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Fairview	Mondak Pharmacy		Snyder Drug Store St. Peter's Pharmacy Wal-Mart Pharmacy
Florence	Florence Community Pharmacy Florence Pharmacy North	Jordan	Jordan Drug
Forsyth	Yellowstone Pharmacy	Kalispell	Albertson's Pharmacy Costco Pharmacy Evergreen Pharmacy K Mart Pharmacy Kalispell Regional Medical Center Medical Arts Pharmacy Montana Pharmaceutical Services Rosauers Pharmacy ShopKo Pharmacy Smith's Pharmacy Stoick Drug Sykes Pharmacy Tidymans Pharmacy Wal-Mart Pharmacy Walgreens Drug Store
Fort Benton	Benton Pharmacy		
Gardiner	Gardiner Drug	Laurel	Gene's Pharmacy Price Pharmacy Snyder Western Drug
Glasgow	Fifth Avenue Pharmacy Pamida Pharmacy Western Drug of Glasgow	Lewistown	Albertson's Pharmacy Central Montana Medical Center Lewistown Pharmacy Pamida Pharmacy Seiden Drug Co
Glendive	Albertson's Pharmacy F&G Pharmacy Gabert Clinic Pharmacy Glendive Medical Center	Libby	Center Drug Frank's Express Drug Libby Drug Rosauers Pharmacy
Great Falls	Albertson's Pharmacy - 10th Ave. Albertson's Pharmacy - 3rd St. Anderson Family Pharmacy Apothecary Drug Store Clinic United Drugs CVS Pharmacy K Mart Pharmacy Kindred Pharmacy Services Oscos Drug Pharmerica Plaza United Drugs Public United Drug Sam's Pharmacy ShopKo Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Wal-Mart Pharmacy	Livingston	Albertson's Pharmacy Pamida Pharmacy Western Drug #9 of Livingston
Hamilton	Albertson's Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy	Lolo	Lolo Drug
Hardin	Pharmcare Pharmacy Stevenson's IGA	Malta	Valley Drug Company
Havre	Albertson's Pharmacy K Mart Pharmacy Northern MT Pharmacy Western Drug Pharmacy	Miles City	Albertson's Pharmacy Big Sky Pharmacy Holy Rosary Healthcare Pharmacy Miles City CBOC Wal-Mart Pharmacy
Helena	Bergum Drug CVS Pharmacy - N. Montana Ave. CVS Pharmacy - Euclid Ave. K Mart Pharmacy Oscos Drug - Euclid Ave. Oscos Drug - N. Montana Ave. Reynolds Drug Safeway Pharmacy ShopKo Pharmacy	Missoula	A & C Drug Albertson's Pharmacy - Oxford St. Albertson's Pharmacy - Reserve St. Albertson's Pharmacy - Russell St. Broadway Pharmacy Costco Pharmacy CVS Pharmacy East Gate Drug Garden City Pharmacy Hillside Health Care Center JEO Inc.

PHARMACARE NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
	K Mart Pharmacy		Haines Drug
	Osco Drug - Brooks St.		Safeway Pharmacy
	Partnership Health Center		
	Riverside Health Care Pharmacy	Whitehall	Whitehall Drug
	Rosauers Pharmacy		
	Safeway Pharmacy - Reserve St.		
	Safeway Pharmacy - Broadway St.		
	Savmor Drug		
	ShopKo Pharmacy		
	Village Health Care Center		
	Wal-Mart Pharmacy - Mullan Rd.		
	Wal-Mart Pharmacy - Hwy 93		
	Walgreens Drug Store		
Plains	Plains Drug		
Plentywood	Plentywood Rexall Drug		
Polson	Healthcare Plus		
	Healthcare Plus LTC		
	Safeway Pharmacy		
	St. Joseph's Retail Pharmacy		
	Wal-Mart Pharmacy		
Red Lodge	Beartooth Pharmacy		
	Red Lodge Drug Company		
Ronan	Family Health Pharmacy		
	R & R Health Care Solutions		
Roundup	Jorgenson's Drug		
Seeley Lake	Healthcare Plus		
Shelby	Pamida Pharmacy		
	Wells Drug		
Sidney	Clinic Pharmacy		
	Pamida Pharmacy		
	White Drug		
St. Ignatius	Mission Drug		
Stevensville	Ridgeway Pharmacy		
	Stevensville Family Pharmacy		
	Valley Drug & Variety		
Superior	Mineral Pharmacy		
Thompson Falls	Doug's Drug		
Three Forks	Three Forks Medical Arts Pharmacy		
Townsend	Townsend Drug		
Troy	Kootenai Drug		
Twin Bridges	MAC's CHC Pharmacy		
White Sulphur Spg	Castle Mountain Drug		
Whitefish	Good Medicine Pharmacy		
	Haines Medical Pharmacy		

BLUE CHOICE MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	• Dixon	59831	• Judith Gap	59453	• Ramsay	59748
Acton	59002	• Drummond	59832	• Kalispell	59901	• Ravalli	59863
Alberton	59820	• Dupuyer	59432	•	59903	• Raynesford	59469
Alder	59710	• Dutton	59433	•	59904	• Red Lodge	59068
Anaconda	59711	• East Helena	59635	• Kevin	59454	• Rexford	59930
Arlee	59821	• East Missoula	59801	• Kila	59920	• Ringling	59642
Augusta	59410	• Edgar	59026	• Kremlin	59532	• Roberts	59070
Avon	59713	• Elliston	59728	• Lake McDonald	59921	• Rollins	59931
Ballantine	59006	• Elmo	59915	• Lakeside	59922	• Ronan	59864
Basin	59631	• Emigrant	59027	• Laurel	59044	• Roscoe	59071
Bearcreek	59007	• Ennis	59729	• Lavina	59046	• Roundup	59072
Belfry	59008	• Ethridge	59435	• Ledger	59456	• Rudyard	59540
Belgrade	59714	• Eureka	59917	• Libby	59923	• Ryegate	59074
Belt	59412	• Fairfield	59436	• Lima	59739	• Saltese	59867
Big Arm	59910	• Fishtail	59028	• Lincoln	59639	• Sand Coulee	59472
Bigfork	59911	• Florence	59833	• Livingston	59047	• Sand Springs	59077
Big Sky	59716	• Floweree	59440	• Lloyd	59535	• Santa Rita	59473
Billings	59101-59108	• Fort Benton	59442	• Lodge Grass	59050	• Seeley Lake	59868
	59111-59117	• Fort Harrison	59636	• Lolo	59847	• Shawmut	59078
Black Eagle	59414	• Fort Shaw	59443	• Loma	59460	• Shelby	59474
Bonner	59823	• Fortine	59918	• Lonepine	59848	• Shepherd	59079
Boulder	59632	• Frenchtown	59834	• Lothair	59461	• Sheridan	59749
Box Elder	59521	• Fromberg	59029	• Manhattan	59741	• Silver Star	59751
Boyd	59013	• Galata	59444	• Marion	59925	• Silverbow	59750
Bozeman	59715	• Gallatin Gateway	59730	• Martin City	59926	• Simms	59477
	59717-59719	• Garneill	59445	• Martinsdale	59053	• Somers	59932
	59771-59773	• Garrison	59731	• Marysville	59640	• St. Ignatius	59865
Brady	59416	• Garryowen	59031	• McAllister	59740	• St. Regis	59866
Bridger	59014	• Geraldine	59446	• Melrose	59743	• St. Xavier	59075
Broadview	59015	• Geyser	59447	• Melville	59055	• Stevensville	59870
Buffalo	59418	• Gildford	59525	• Milltown	59851	• Stockett	59480
Butte	59701	• Glen	59732	• Missoula	59801	• Styker	59933
	59702	• Gold Creek	59733	•	59802	• Sula	59871
	59703	• Grantsdale	59835	•	59803	• Sun River	59483
	59707	• Great Falls	59401	•	59804	• Sunburst	59482
Bynum	59419	•	59402	•	59806	• Superior	59872
Canyon Creek	59633	•	59403	•	59807	• Swan Lake	59911
Cardwell	59721	•	59404	•	59808	• Thompson Falls	59873
Carter	59420	•	59405	•	59812	• Three Forks	59752
Cascade	59421	•	59406	• Molt	59057	• Trego	59934
Charlo	59824	• Greenough	59836	• Monarch	59463	• Trout Creek	59874
Chester	59522	• Hamilton	59840	• Musselshell	59059	• Twin Bridges	59754
Chinook	59523	• Hardin	59034	• Neihart	59465	• Two Dot	59085
Choteau	59422	• Harlowton	59036	• Norris	59745	• Ulm	59485
Clancy	59634	• Harrison	59735	• Noxon	59853	• Valier	59486
Clinton	59825	• Haugan	59842	• Oilmont	59466	• Vaughn	59487
Clyde Park	59018	• Havre	59501	• Olney	59927	• Victor	59875
Columbia Falls	59912	• Helena	59601-59602	• Ovando	59854	• Virginia City	59755
Condon	59826	•	59604	• Pablo	59855	• Warm Springs	59756
Conner	59827	•	59620	• Paradise	59856	• West Glacier	59936
Conrad	59425	•	59623-59626	• Park City	59063	• White Splhr Sprgs	59645
Coram	59913	• Helmville	59843	• Pendroy	59467	• Whitefish	59937
Corvallis	59828	• Heron	59844	• Philipsburg	59858	• Whitehall	59759
Creston	59902	• Highwood	59450	• Pinesdale	59841	• Whitelash	59545
Crow Agency	59022	• Hingham	59528	• Plains	59859	• Wilsall	59086
Custer	59024	• Hot Springs	59845	• Polaris	59746	• Winston	59647
Cut Bank	59427	• Hungry Horse	59919	• Pole Bridge	59928	• Wisdom	59761
Darby	59829	• Huntley	59037	• Polson	59860	• Wise River	59762
Dayton	59914	• Huson	59846	• Pompeys Pillar	59064	• Wolf Creek	59648
De Borgia	59830	• Inverness	59530	• Pony	59747	• Worden	59088
Deer Lodge	59722	• Jackson	59736	• Power	59468	• Zurich	59547
Dell	59724	• Jefferson City	59638	• Pray	59065	•	
Dillon	59725	• Joliet	59041	• Proctor	59929	•	
Divide	59727	• Joplin	59531	• Pryor	59066	•	
		•		•		•	

NEW WEST MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Corbin	59602	Hot Springs	59845	Pinecreek	59715
Acton	59002	Corvallis	59828	Hungry Horse	59919	Pinesdale	59841
Alberton	59820	Creston	59901	Huntley	59037	Plains	59859
Alder	59710	Crow Agency	59022	Huson	59846	Polaris	59746
Allhambra	59602	Cushman	59046	Hysham	59038	Polebridge	59928
Alpine	59071	Custer	59024	Jefferson City	59638	Polson	59860
Amsterdam	59741	Darby	59829	Joliet	59041	Pompeys Pillar	59064
Anaconda	59711	Dayton	59914	Kalipsell	59901-59904	Porters Corner	59840
Angela	59312	Deen	59068	Kevin	59454	Potomac	59823
Apgar	59936	Deer Lodge	59722	Keystone	59872	Power	59468
Argenta	59725	Dempsey	59722	Kila	59920	Pray	59065
Arlee	59821	Dillon	59725	Kinsey	59338	Princeton	59722
Armington	59412	Dixon	59831	Klein	59072	Proctor	59929
Ashuelot	59401	Dodson	59524	Kremlin	59532	Pryor	59066
Austin	59602	Drummond	59832	Lake McDonald	59921	Quartz	59872
Avon	59713	Dunkirk	59474	Lakeside	59922	Radersburg	59641
Ballantine	59006	Dunmore	59034	Laredo	59501	Ramond	59256
Bannack	59725	East Helena	59635	Laurel	59044	Rapelje	59067
Basin	59631	Eddy	59859	Laurin	59725	Ravalli	59863
Bearcreek	59007	Eden	59401	Lavina	59046	Raynesford	59469
Beaverton	59538	Edgar	59026	Ledger	59456	Red Lodge	59068
Beehive	59061	Elliston	59728	Libby	59923	Reed Point	59069
Belfry	59008	Elmo	59915	Limestone	59011	Riceville	59401
Belgrade	59714	Emigrant	59027	Livingston	59047	Rivulet	59872
Belt	59412	Ethridge	59435	Lloyd	59535	Roberts	59070
Benteen	59034	Evano	59801	Lodge Grass	59050	Rockvale	59019
Big Arm	59910	Ferdig	59466	Logan	59715	Rocky Boy	59521
Big Sandy	59520	Ferndale	59901	Lolo	59847	Rollins	59931
Big Sky	59716	Fishtail	59028	Lohman	59501	Ronan	59864
Big Timber	59011	Flatwillow	59072	Lolo	59847	Roscoe	59071
Bigfork	59911	Florence	59833	Loma	59460	Rosebud	59347
Billings	59101-59108	Forsyth	59327	Lonepine	59848	Roundup	59072
	59111-59116	Fort Harrison	59636	Loring	59537	Saco	59261
Black Eagle	59414	Fort Shaw	59443	Lozeau	59872	Saint Ignatius	59865
Bonner	59823	Frenchtown	59834	Luther	59068	Saint Regis	59866
Boulder	59632	Fresno	59501	Malta	59538	Saint Xavier	59075
Box Elder	59521	Fromberg	59029	Manchester	59401	Saltese de Borgia	59872
Boyd	59013	Galen	59722	Manhattan	59741	Sand Coulee	59472
Bozeman	59715-59719	Gallatin	59715	Manicke	59923	Sanders	59076
	59771-59773	Gallatin Gateway	59730	Marion	59925	Sedan	59715
Bridger	59014	Garrison	59731	Martin City	59926	Sheffield	59327
Broadview	59015	Garryowen	59031	Marysville	59640	Shelby	59474
Burnham	59501	Georgetown	59711	Maudlow	59644	Shepherd	59079
Canyon Creek	59633	Gildford	59525	Maxville	59722	Silesia	59041
Canyon Ferry	59602	Glen	59732	McLeod	59052	Simms	59477
Cascade	59421	Gold Creek	59733	Melville	59055	Snider	59873
Castner Falls	59401	Grant	59725	Miles City	59301	Somers	59932
Centerville	59401	Grantsdale	59835	Milltown	59851	Southern Cross	59711
Charlo	59824	Great Falls	59401-59406	Missoula	59801-59808	Springdale	59082
Chinook	59523	Greenough	59836		59812	Stevensville	59870
Churchill	59715	Greycliff	59033	Moiese	59824	Stockett	59480
Clancy	59634	Hall	59837	Molt	59057	Stryker	59933
Cleveland	59501	Hamilton	59840	Montana City	59634	Sula	59871
Clinton	59825	Happy's Inn	59923	Musselshell	59059	Sun River	59483
Clyde Park	59018	Hardin	59034	Niarada	59845	Sunburst	59482
Coalbanks Landing	59520	Hardy	59401	Noxon	59853	Superior	59872
Coberg	59538	Hathaway	59333	Nyack	59901	Swan Lake	59911
Colstrip	59323	Havre	59501	Oilmont	59466	Tarkio	59872
Columbia Falls	59912	Helena	59601-59602	Opportunity	59711	Thompson Falls	59873
Columbus	59019		59604	Pablo	59855	Three Forks	59752
Comet	59602		59620	Paradise	59856	ThurLOW	59327
Condon	59826	Henderson	59872	Park City	59063	Toston	59643
Connor	59827	Heron	59844	Perma	59859	Townsend	59644
Coram	59913	Hingham	59528	Philipsburg	59858	Tracy	59472

NEW WEST AREAS

City	Zip Code
Trident	59752
Troy	59935
Turah	59825
Twin Bridges	59754
Ulm	59485
Unionville	59602
Vananda	59327
Vaughn	59487
Victor	59875
Virgelle	59520
Wagner	59538
Walkerville	59701
Warm Springs	59756
Warren	59068
Washoe	59007
West Glacier	59936
Whitefish	59937
Whitewater	59544
Wickes	59602
Wilsall	59086
Winston	59647
Wolf Creek	59648
Woods Bay	59901
Woodside	59840
Worden	59088
York	59602
Zurich	59547

PEAK HEALTH AREAS

City	Zip Code
Acton	59002
Anaconda	59711
Ballantine	59006
Bearcreek	59007
Belfry	59008
Bighorn	59010
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Boyd	59013
Bridger	59014
Broadview	59015
Busby	59016
Butte	59701
	59702
	59703
	59707
	59750
Cardwell	59721
Colstrip	59323
Crow Agency	59022
Custer	59024
Decker	59025
Deer Lodge	59722
Divide	59727
Edgar	59026
Forsyth	59327
Fromberg	59029
Garrison	59731
Garryowen	59031
Gold Creek	59733
Hardin	59034
Huntley	59037
Hysham	59038
Joliet	59041
Lame Deer	59043
Rosebud	59347
Sanders	59076
Shepherd	59079
Warm Springs	59756
Whitehall	59759
Worden	59088
Wyola	59089
Yellowtail	59035

PARTICIPATING FACILITIES - TRADITIONAL PLAN

Preferred	20% Coinsurance	:	
Anaconda	Community Hospital of Anaconda	:	Lewistown Central Montana Medical Center
Baker	Fallon Medical Complex	:	Libby St. John's Lutheran Hospital
Big Sandy	Big Sandy Medical Center	:	Livingston Healthcare
Big Timber	Pioneer Medical Center	:	Malta Phillips County Medical Center
Billings	Billings Cataract and Laser Surgicenter	:	Miles City Holy Rosary Healthcare
	Deaconess Billings Clinic	:	Missoula Big Sky Surgery Center
	Health South Surgery Center	:	Missoula Bone & Joint Surgery Center
	LaGreca Eye Clinic	:	Providence Surgery Center
	St. Vincent's Healthcare	:	St. Patrick's Hospital and Health Sciences
	Yellowstone Surgery Center	:	Philipsburg Granite County Medical Center
Bozeman	Bozeman Deaconess Hospital	:	Plains Clark Fork Valley Hospital
	Rocky Mountain Surgical Center	:	Plentywood Sheridan Memorial Hospital
	Sameday Surgery Center	:	Polson St. Joseph Hospital
Butte	St. James Healthcare	:	Poplar Poplar Community Hospital
	Summit Surgery Center	:	Red Lodge Beartooth Hospital and Health Center
Chester	Liberty County Hospital	:	Ronan St. Luke Community Hospital
Choteau	Teton Medical Center	:	Roundup Roundup Memorial Hospital
Circle	McCone County Health Center	:	Scobey Daniels Memorial Hospital
Columbus	Stillwater Community Hospital	:	Shelby Marias Medical Center
Conrad	Pondera Medical Center	:	Sheridan Ruby Valley Hospital
Culbertson	Roosevelt Memorial Medical Center	:	Sidney Sidney Health Center
Cut Bank	Northern Rockies Medical Center	:	Superior Mineral Community Hospital
Deer Lodge	Powell County Memorial Hospital	:	Terry Prairie Community CAH
Dillon	Barrett Hospital & Health Care	:	Townsend Broadwater Health Center
Ennis	Madison Valley Hospital	:	Whitefish North Valley Hospital
Forsyth	Rosebud Health Care Center	:	White Sulphur Mountainview Medical Center
Fort Benton	Missouri River Medical Center	:	Springs
Glendive	Glendive Medical Center	:	Whitefish North Valley Hospital
Great Falls	Benefis Healthcare	:	Wolf Point Northeast Montana Health Services
	Great Falls Clinic Surgery Center	:	
	Pacific Cataract and Laser Institute	:	Non-preferred 35% Coinsurance
Hamilton	Marcus Daly Memorial Hospital	:	Ekalaka Dahl Memorial Heathcare
Hardin	Big Horn County Memorial Hospital	:	Glasgow Frances Mahon Deaconess Hospital
Harlowton	Wheatland Memorial Hospital	:	Great Falls Central MT Surgical Hospital
Havre	Northern Montana Hospital	:	Helena Shodair Hospital
Helena	Helena Surgicenter	:	Jordan Garfield County Health Center
	St. Peter's Hospital	:	Missoula Community Medical Center
		:	(Maternity Services - 25%)
Kalispell	Heathcenter Northwest	:	
	Kalispell Regional Medical Center	:	All other 25% Coinsurance
	Orthopedic Surgery Center	:	

PARTICIPATING HOSPITALS - MANAGED CARE PLANS

BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Memorial Hospital
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare
	Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	HealthCenter Northwest
	Kalispell Regional Medical Center
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital and Health Sciences Center
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

PEAK HEALTH

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center

NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
	Shodair Hospital
Jordan	Garfield County Health Center
Kalispell	Healthcenter Northwest
	Kalispell Regional Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
Phillipsburg	Granite County MAF
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Superior	Mineral Community Hospital
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Absarokee	Exley, Jack L.	Family Practice		Kelker, Paul A.	Pediatrics
Anaconda	Howell, Stacey F.	Family Practice		Kenamore, Claire L.	Pediatrics
	Rafferty, Michael C.	Family Practice		Kent, Thomas F.	OB & GYN
	Reiter, William M.	Internal Medicine		Kirkland, Brenda G.	Family Practice
	Robison, Jill D.	Pediatrics		Kummer, Marian E.	Pediatrics
	Yates, Ati H.	Internal Medicine		Langohr, Janis I.	Pediatrics
	Wells, Richard A.	Family Practice		Lehnher, David R.	Family Practice
Belgrade	King, David	Family Practice		Malloy, John J.	Family Practice
	Kjerstad, Heather	Family Practice		Malters, Edward C.	Internal Medicine
	Mentel, Marc C.	Family Practice		McClave, Charles R.	Internal Medicine
	Moran, Patricia	Family Practice		Merchant, Robert K.	Internal Medicine
Bigfork	Ducote, Dana C.	Family Practice		Metzger, Michael E.	Internal Medicine
	Jenko, Thomas G.	Family Practice		Michels, Frank C.	Family Practice
Billings	Accurso, Frank J.	Pediatrics		Molloy, Daniel M.	OB & GYN
	Agnew, Deborah G.	Pediatrics		Moore, Douglas L.	General Practice
	Anderson, Richard D.	Internal Medicine		Narkewicz, Michael R.	Pediatrics
	Apkon, Susan D.	Pediatrics		Neuhoff, Douglas A.	OB & GYN
	Bailey, Ieva L.	OB & GYN		Nichols, Robert James	Family Practice
	Beijer, Kerstin A.	Family Practice		Nicholson, Laura R.	Pediatrics
	Blossom, Mark E.	Internal Medicine		Petersen, Susan J.	Family Practice
	Bullman, Jon M.	Family Practice		Peterson, Erica L.	Family Practice
	Brown, Elaine K.	OB & GYN		Pierson, Michelle S.	Pediatrics
	Busch, Byron J.	Internal Medicine		Pueringer, Robert J.	Internal Medicine
	Campbell, Bruce G.	Family Practice		Ragar, Todd J.	Family Practice
	Canty, Bryan J.	Family Practice		Sauer, John Patrick	Pediatrics
	Center, Dean M.	Family Practice		Schnitzer, Brian M.	Family Practice
	Collett, Gordon C.	Pediatrics		Sears, Scott E.	Internal Medicine
	Cook, Cheryl S.	Internal Medicine		Shaub, Stephen R.	Family Practice
	Crichlow, Renee M.	Family Practice		Sorensen, Neal B.	Internal Medicine
	Dahl, Dona Chimene	OB & GYN		Standish, David D.	Pediatrics
	Danaher, Julie A.	OB & GYN		Starr, Brian L.	Pediatrics
	Dietrich, Janet L.	OB & GYN		Stephens, Catherine L.	Internal Medicine
	Eaton, Charlotta L.	Internal Medicine		Stevens, Richard C.	Pediatrics
	Ezell, Douglas T.	OB & GYN		Tapia, Lionel Edward	Pediatrics
	Fahrenwald, Roxanne	Family Practice		Thompson, Frank R.	Family Practice
	Fishburn, Amy M.	Internal Medicine		Vincent, James K.	Internal Medicine
	Forseth, Hal W.	OB & GYN		Weaver, Daniel T.	Internal Medicine
	Fuller, Bradley D.	Internal Medicine		Winbush, Nicole	Family Practice
	Gerbasi, Paolo F.	Family Practice	Boulder	Burkholder, James N.	Family Practice
	Gobin, Mark R.	Internal Medicine	Bozeman	Adams, Timothy	Internal Medicine
	Gray Jr., Jimmy	Internal Medicine		Benda, Gabor	Family Practice
	Grewell, Donald A.	Family Practice		Borgenicht, Kathryn	Internal Medicine
	Gunville, Fred E.	Pediatrics		Bronsky, Sarah E.	Family Practice
	Guyer, James W.	Family Practice		Cady, Andrea K.	Family Practice
	Hagan, Michael C.	Internal Medicine		Canner, Rebecca	Family Practice
	Hinshaw, James C.	OB & GYN		Fairbanks, Tracy	Family Practice
	Hugelen, Julie A.	Family Practice		Flaherty, Robert	Family Practice
	James, Thomas R.	Family Practice		Fuller, Dell	Family Practice
	Johnson, David F.	Internal Medicine		Gillis, Shaun	OB & GYN
	Johnson, Jeffrey S.	Internal Medicine		Hathaway, Robert A.	Internal Medicine
	Johnson, Linda R.	Pediatrics		Herring, Michael T.	Internal Medicine
	Johnson, Vernon N.	Family Practice		Hiebert, Pamela J.	Internal Medicine
	Jozwiak, Mary	Internal Medicine		Hildner, Thomas	Family Practice
	Kadri, Abdulmajeed	Internal Medicine		Hoffman, David	Family Practice
	Kadri, Kathie	Internal Medicine		Kirchhoff, Colette A.	Family Practice
	Kappy, Michael S.	Pediatrics		Loeffelholz, James E.	Internal Medicine
				McLaughlin, David	Family Practice
				Mitchell, Christine L.	Family Practice

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Nickisch, Stephen	OB & GYN	Corvallis	Courchesne, Yvonne K.	Family Practice
	Omohundro, Luke	Family Practice			
	Pascual, Virginia H.	Internal Medicine	Deer Lodge	Martin, Wayne R.	Family Practice
	Persson, Anders V.	Internal Medicine			
	Ramsey, Leonard	Family Practice	Dillon	McIntyre, Sandra S.	Family Practice
	Robbins, John B.	Internal Medicine			
	Roberts, Steven G.	Family Practice	Eureka	Ionescu, Raluca M.	Internal Medicine
	Saari, George J.	Internal Medicine		Ionescu, Serban I.	Internal Medicine
	Schneider, Gregory	Family Practice			
	Sonnenburg, Larry	Family Practice	Hamilton	Harder-Brouwer, Kathleen	Family Practice
	Vlases, Michael J.	Internal Medicine			
	Waterman, Cathy	Family Practice	Florence	Milan, Georgia A.	Family Practice
	Wheeler, Heather	Family Practice	Geraldine	Buck, Mark K.	Family Practice
Bridger	Fouts, Thomas	Family Practice	Great Falls	Adams, Elton J.	Internal Medicine
Butte	Abo-Deeb, Azza	Pediatrics		Addison, T Brice	Internal Medicine
	Bodine, Jonathan A.	Internal Medicine		Anacker, Eric R.	Internal Medicine
	Chamberlain, David Paul	Internal Medicine		Anderson, David E.	Internal Medicine
	Cortese, Florian M.	Internal Medicine		Anderson, Loy L.	Family Practice
	Ellis, William Bruce	Family Practice		Asthalter, James H.	Family Practice
	Gould, Stanley F.	OB & GYN		Astle, Hal G.	Family Practice
	Graham, Kenneth J.	Pediatrics		Avery, Susan H.	Family Practice
	Henke, Paul F.	OB & GYN		Barker, Marci L.	Family Practice
	Hunt, Kenneth C.	Family Practice		Becker, Margaret A.	Family Practice
	Karmaker, Nivedita	Pediatrics		Bergman, Bradford A.	Internal Medicine
	Kautzman, Jessie	Family Practice		Bolding, Julia M.	Internal Medicine
	Kronenberger, Brett N.	Internal Medicine		Braget, Daren J.	OB & GYN
	McGree, Patrick J.	Family Practice		Brayko, Craig M.	Internal Medicine
	Mulcaire-Jones, George	Family Practice		Buffington, Gary A.	Internal Medicine
	Popovich, Keith J.	Internal Medicine		Burk, Scott W.	Internal Medicine
	Pullman, John	Internal Medicine		Burleigh, Peter L.	OB & GYN
	Robison, Dixon L.	Internal Medicine		Chapman, Vicki L.	OB & GYN
	Salisbury, Dennis F.	Family Practice		Chrzanowski, Steven M.	Internal Medicine
	Sessions, Lisa K.H.	Family Practice		Cruise, Jennifer L.	Family Practice
	Sewell, Jeffrey W.	Pediatrics		Dixon, Suzanne D.	Pediatrics
	Shepherd, Susan M.	Pediatrics		Eck, Marci J.	OB & GYN
	Siddoway, Paul R.	Internal Medicine		Effertz, Susan J.	Internal Medicine
	Siragusa, Vincent P.	Internal Medicine		Eichner, Jerrold M.	Pediatrics
	Sironi, Rindo R.	OB & GYN		Engbrecht, David R.	Family Practice
	Taverna, Jacob M.	Internal Medicine		Feldman, Howard J.	Internal Medicine
	Wilson, Judith H.	Internal Medicine		Garrity, Deborah M.	Pediatrics
Chester	Earl, Anna M.	Family Practice		Garver, Michael K.	Pediatrics
	Kozakiewicz, Richard S.	Family Practice		Gerasimou, Eve Marie	Internal Medicine
	Young, Gladys E.	Family Practice		Gerrity, Nora C.	Pediatrics
Chinook	Nemes, Joseph Z.	General Practice		Geyer, Raymond A.	Internal Medicine
	White, Barry	Family Practice		Gordon, Daniel	Family Practice
Columbia Falls	Carlson, Mary Ann	Pediatrics		Guter, Karl A.	Internal Medicine
	Gedlaman, Derek A.	Family Practice		Handwerk, Francis J.	OB & GYN
	Miller, Joan M.	Family Practice		Harkness, James E.	Family Practice
	Pitman, Douglas J.	Family Practice		Hinz, Jeffrey P.	Pediatrics
	Tremper, John H.	Family Practice		Hong, Chue Shei	Internal Medicine
Columbus	Ashcraft, Jimmie L.	Family Practice		Houlihan, Gregory S.	Family Practice
Conrad	Barran, Peter D.	Family Practice		Johnson, Marcus A.	Family Practice
	Dodge, Jenifer P.	Family Practice		Joyner, Donald R.	OB & GYN
	Nesbo, Shawn T.	Family Practice		Kenney, Sarah R.	Pediatrics
	Taylor, Jay D.	Family Practice		Key, Thomas C.	OB & GYN
				Kuykendall, Julie L.	OB & GYN
				Lee, Dorothy Tai-Shil	OB & GYN
				Legan, James B.	Internal Medicine
				Lenz, Tony J.	Internal Medicine

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Mahan, John W.	Internal Medicine		Miller, Frank L.	OB & GYN
	Margaris, Melchisedek L.	Family Practice		Nolan, Michael D.	Family Practice
	Marron, Colleen M.	Pediatrics		Richardson, Bruce W.	Family Practice
	Martin, Bryan E.	Internal Medicine		Swietnicki, Suzanne R.	OB & GYN
	Matelich, Craig C.	Pediatrics		Ward, Mark A.	Internal Medicine
	Mauseth, Richard S.	Pediatrics			
	Maynard, Bobby L.	Internal Medicine	Helena	Augustine, Teresa	Pediatrics
	Maynard, Nancy J.	Pediatrics		Bailey, Jessica A.	Family Practice
	McClure, Robert J.	OB & GYN		Batey, William M.	Family Practice
	Messick-Laeven, Petra M.	Pediatrics		Bonde, Trena K.	Family Practice
	Miles, Mark R.	OB & GYN		Borman, Nancy	Family Practice
	Miller, Frederick G.	Internal Medicine		Brunsdon, Jennifer	Family Practice
	Mills, Angela L.	Family Practice		Buswell, Richard S.	Pediatrics
	Molloy, John T.	Internal Medicine		Cody, Karen E.	Family Practice
	Parambi, Varghese	Internal Medicine		Danielson, Michelle	Pediatrics
	Penland, Shannon K.	Internal Medicine		Dill, Tracy B.	Internal Medicine
	Rider, Evelyn D.	Pediatrics		Eodice, Diane M.	Family Practice
	Rosenbaum, Thomas W.	Internal Medicine		Eodice, Paul A.	Family Practice
	Roux, Timothy P.	Internal Medicine		Fernandez, William N.	Internal Medicine
	Ruggerie, Dennis P.	Pediatrics		Fritz, Blayne L.	Pediatrics
	Short-Bartlett, Sandra C.	Pediatrics		Harrison, Virginia Lee	Internal Medicine
	Speer, Jerry W.	Family Practice		Hay, Michael S.	OB & GYN
	Sweeney, Terrance J.	Family Practice		Hess, Phillip A.	Family Practice
	Swift, Douglas E.	Internal Medicine		Hesskamp, Daniel E.	Internal Medicine
	Treptow, Craig L.	Family Practice		Howell, Sheri S.	Family Practice
	Triehy, Thomas G.	Family Practice		Huntley, Mria Lyn	OB & GYN
	Vargo, Patsy M.	Family Practice		Justad, Jean M.	Internal Medicine
	Warr, Thomas A.	Internal Medicine		Keefe, Erin M.	Pediatrics
	Weill, Timothy C.	Family Practice		Kirkpatrick, Christina L.	Internal Medicine
	Welsh, Carey J.	Family Practice		Krainacker, David A.	Family Practice
	Welsh, Tamara	Family Practice		Kreisberg, Mark S.	Internal Medicine
	Wood, Julie A.	Family Practice		Kubicka, Kurt T.	Family Practice
	Yturri, James A.	Internal Medicine		Larson, Jay L.	Internal Medicine
Hamilton	Ashcraft, Walker J.	Family Practice		Lechner, David W.	Family Practice
	Borino, Teresa P.	Family Practice		Maher, James J.	Family Practice
	Brouwer, Lawrence D.	Family Practice		Malany, Andrew M.	OB & GYN
	Courchesne, John R.	Internal Medicine		Marx, Shari K.	Internal Medicine
	Favara, Blaise E.	Pediatrics		McMahon Jr., Jack W.	OB & GYN
	Gillis, Harry G.	Pediatrics		McRee, Heather	Family Practice
	Heath, H. Brett	Family Practice		Mest, Stephen J.	Internal Medicine
	Laraway, John D.	OB & GYN		Nordwick, Nancie	Pediatrics
	Milch, Lisa J.	Internal Medicine		Normandin, Gregory H.	Internal Medicine
	Moran, Michael P.	Family Practice		Palcisko, Michael	Pediatrics
	Moreland, John P.	Internal Medicine		Pincomb, Gwendolyn A.	Internal Medicine
	Smith, Gary	Internal Medicine		Reynolds, John A.	Pediatrics
	Stewart, Randy L.	Family Practice		Riessen, Erik R.	Internal Medicine
Hardin	Billin, Aaron R.	Family Practice		Sargent, Richard P.	Family Practice
	Greimann, Carolyn S.	Family Practice		Schoderbek, William E.	Internal Medicine
	Ostahowski, Gary A.	Family Practice		Seitz, Tristan A.	Internal Medicine
Harlowton	MacCart, John G.	Family Practice		Skillman, Donald R.	Family Practice
	Wolf, Mary M.	Family Practice		Snider, William C.	Family Practice
Havre	Booth, Thomas D.	Family Practice		Strekall, Michael S.	Family Practice
	Fairfax, Walter R.	Internal Medicine		Strizich, Thomas A.	Pediatrics
	Henderson, Robert T.	Internal Medicine		Travis, Lee R.	Internal Medicine
	Huffman, Phillip A.	Internal Medicine		Wagenaar, Robert S.	Family Practice
	Latkovich, Katarina	Internal Medicine		Wampler, Todd B.	Family Practice
	Lien, Karen E.	Family Practice		Weitz, Brian C.	Family Practice
				Wiley, Frank W.	Family Practice
				Williams, Carla M.	OB & GYN
				Williams, Derek J.	Family Practice

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Kalispell	Anderson, Jonathan M.	Family Practice	Lolo	Gomersall, Janice R.	Family Practice
	Armstrong, Jr., James H.	Family Practice		Vasquez, Ned F.	Family Practice
	Birky, Perry K.	OB & GYN	Missoula	Arnold, John E.	Pediatrics
	Boehme, William M.	Internal Medicine		Beatty, Patrick G.	Internal Medicine
	Boharski, Michael J.	Internal Medicine		Bekemeyer, Williams B.	Internal Medicine
	Bukacek, Ann M.	Internal Medicine		Berry, Brad	Internal Medicine
	Caughlan, Thomas V.	Internal Medicine		Caldwell, J. Michael	Internal Medicine
	Csaplar, Laura J.	Pediatrics		Corsi, Ann M.	Internal Medicine
	Dixon, Charles L.	Family Practice		Corsi, Christopher M.	Internal Medicine
	Dykstra, Lynn A.	Pediatrics		Curtis, Michel B.	Internal Medicine
	Evans, Stephen S.	Internal Medicine		Donovan, Janelle L.	Internal Medicine
	Fetzer, Candace R.	Internal Medicine		Eddy, Margaret A.	Internal Medicine
	Fleischer, Lisa Ann	Family Practice		Ex, Eric J.	Pediatrics
	Gill, Christopher H.	Internal Medicine		Ferguson, John	OB & GYN
	Habel, David C.	Internal Medicine		Garnaas, Mark F.	OB & GYN
	Johnson, Marise K.	Internal Medicine		Givler, Janice A.	OB & GYN
	Jonas, Gwenda C.	OB & GYN		Goren, Carolyn C.	Internal Medicine
	Jonas, Kenneth L.	Family Practice		Gottman, Dirk R.	Pediatrics
	Kiley, James A.	Family Practice		Hardy, Bruce G.	Pediatrics
	Klein, Debra J.	OB & GYN		Harvey, Gary P.	OB & GYN
	Lavin, John A.	OB & GYN		Hayward, Bruce T.	Family Practice
	Law, Linda C.	Family Practice		Holle, Rolf H.	Internal Medicine
	Neff, Kathryn H.	Family Practice		Hughson, H. Eric	Internal Medicine
	Nelson, Douglas A.	Internal Medicine		Hull, William L.	Internal Medicine
	Nelson, Gina S.	OB & GYN		Jones, Karl L.	Pediatrics
	Nelson, Kathleen G.	OB & GYN		Kleschen, Mary Z.	Family Practice
	Oehrtman, Pamela R.	Family Practice		Kress, Eric Jon	Family Practice
	Palchak, Andrew E.	Family Practice		Lakatua, Tony	Internal Medicine
	Peterson, Dennis J.	Internal Medicine		Langenderfer, Mary C.	Internal Medicine
	Rogers, Robert M.	OB & GYN		Lemire, T. Shull	Internal Medicine
	Schmidt, Jason J.	Family Practice		Loehnen, C. Paul	Internal Medicine
	Sherrick, Robert C.	Internal Medicine		Lovejoy, Lisa	Family Practice
	Sorensen, Mark J.	Pediatrics		Marks, Robert D.	Family Practice
	Swanberg, Louise E.	Internal Medicine		McDonald, Judith D.	Family Practice
	Taylor, Richard H.	OB & GYN		Montgomery, Lynn D.	OB & GYN
	Treadwell, Leah	Family Practice		Morris, Elliot M.	Family Medicine
	Van Belois, Bernadette M.	Internal Medicine		Murphy, Anne Marie	Internal Medicine
	Vranish, Loren S.	Family Practice		Nichols, William C.	Internal Medicine
	Ward, John A.	Internal Medicine		Peters, Edwin E.	Pediatrics
	Wilder, Wallace S.	Pediatrics		Pickert, Curtis B.	Pediatrics
	Winkel, R. Dennis	Family Practice		Ravitz, Eric A.	Family Practice
	Wise, Richard C.	Family Practice		Reed, George H.	Internal Medicine
Laurel	Forseth, Lori A.	Family Practice		Ries, Linda M.	Internal Medicine
	Hager, Dwight R.	Family Practice		Richards, Lindsay A.	OB & GYN
	McCrea, Kevin G.	Family Practice		Risi, George F.	Internal Medicine
	Richardson, E. Lee	Family Practice		Roeper, Robert R.	Internal Medicine
	Ulrich, Robert C.	Family Practice		Rogers, Kathleen S.	Pediatrics
	VanNice, Robert B.	Family Practice		Roper, Philip A.	Internal Medicine
Libby	Whitehouse, Alan C.	General Practice		Saberhagen, Camilla R.	Internal Medicine
				Saberhagen, Eric	Internal Medicine
Livingston	Burwell, Shawn	OB & GYN		Seagraves, Stan H.	Internal Medicine
	Flook, Benjamin	Family Practice		Sellman, Richard L.	Internal Medicine
	Gulbranson, Lexi L.	Family Practice		Sheehan, Kevin M	Internal Medicine
	Helin, Denise	OB & GYN		Smith, Christopher B.	Family Practice
	Noteboom, Dennis	General Practice		Snyder, Michael J.	Internal Medicine
	O'Hara, Peggy	Pediatrics		Speckart, Stephen F.	Internal Medicine
	Pessl, Erich	Family Practice		Swift, James D.	Pediatrics
	Reid, Genevieve	Family Practice		Szekely, Peter C.	Internal Medicine
	Schulein, Mark	Family Practice			

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Thomas, Alan W.	Internal Medicine	White Sulphur Springs	Bullington, Ben P.	Internal Medicine
	Thompson, Beth E.	Internal Medicine		Steinberg, Marc P.	Pediatrics
	Thompson, Steven J.	Family Practice	Whitefish	Beach, D. Randall	OB & GYN
	Trauscht, John M.	Internal Medicine		Bowden, Mirna D.	OB & GYN
	Vincent, Robert J.	Internal Medicine		Daniell, Suzanne D.	Internal Medicine
	Visscher, Judith K.	Family Practice		Erickson, Jay S.	Family Practice
	Whitney, Leslie F.	Internal Medicine		Holdhusen, Christopher J.	Family Practice
	Wilson, Wendyll S.	Internal Medicine		Kalbfleisch, John N.	Family Practice
	Woltanski, Mark S.	Family Practice		Miller, Jon A.	Family Practice
	Yahn, Diane M.	Internal Medicine		Miller, Ronald A.	Family Practice
	Yeakey, Anne M.	Pediatrics		Munzing, Daniel E.	Family Practice
Phillipsburg	Corbin, Michelle	Family Practice		Veneman, Kristin R.	Pediatrics
	Stinson, Kathy	Family Practice		White, Elizabeth M.	Internal Medicine
Plains	Damschen, Rhonda Elaine	Family Practice	Whitehall	Reiff, Terry D.	Family Practice
	Drye, John N.	Family Practice		Sacry, Gayle	Family Practice
	French, Dean O.	Family Practice	Worden	Schiffert, Martin G.	Family Practice
	Hanson, Gregory S.	Family Practice		Stanley, Merrill Scott	Family Practice
Polson	Bagnell, Kelly G.	OB & GYN			
	Bahnmler, Daniel E.	Family Practice			
	Carte, Timothy W.	Pediatrics			
	Gorman, David E.	Family Practice			
	Harrop, Cara J.	Family Practice			
	Irwin, R. Stephen	Family Practice			
	Palmieri, Steven W.	Family Practice			
	Panos, Craig J.	Family Practice			
	Probst, Dennis	Family Practice			
	Rausch, Daniel	Family Practice			
	Stahl, Steve D.	Family Practice			
Red Lodge	Zavala, Jeffrey S.	Family Practice			
Ronan	Cullis, William C.	Family Practice			
	Cummings, Rial W.	Family Practice			
	Gochis, Paul D.	Family Practice			
	Jones, Heather	Family Practice			
	Maaliki, Hikmat A.	Family Practice			
	Vizcarra, Ed T.	Family Practice			
Roundup	Madi, Ahmed M.	Internal Medicine			
Saint Ignatius	Davis, Victor M.	General Practice			
Seeley Lake	Barstad, Christine R.	Family Practice			
Shelby	Clary, Robert A.	Family Practice			
	Liechty, E. Joseph	Internal Medicine			
	Stewart, Lance L.	Family Practice			
Sheridan	Googe, Sarah Lynn	Family Practice			
	Hendrickson, Roman M.	Family Practice			
Stevensville	Baldrige, Teresa A.	Internal Medicine			
	Crews, Kirk Leroy	Family Practice			
	Paul, Mark C.	Family Practice			
	Reed, Frank M.	Family Practice			
Thompson Falls	Lovell, Randy J.	Family Practice			
Townsend	Trapp, Kathleen R.	Family Practice			

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
Anaconda	Baker	Shawna	Family	Johnson	Sandra	OB & GYN	
	Connors	Stacie	Pediatrics		Vernon	Family	
	Garrels	Lloyd	Family		Kari	Internal	
	Mitchell	Michael	Family		Paul	Pediatrics	
	Rafferty	Michael	Family		Alberta	Family	
	Reiter	William	Internal		Claire	Pediatrics	
	Robison	Jill	Pediatrics		Marie	Family	
Belgrade	Jenkins	David	Family		King	J Emmett	Family
	King	David	Family		Klee	Karen	Internal
	Kjerstad	Heather	Family		Langohr	Janis	Pediatrics
	Mentel	Marc	Family		Love	Jenny	Family
	Moran	Patricia	Family		Malinowski	Sheryl	Family
Big Sandy	Lanchbury	Forrest	Family		Malloy	John	Family
	Reichert	Connie	Family		McComb-Goins	Stacy	Family
Big Timber	Peden	Kirby	Family		Mehia	Denise	Internal
	Walker	Wallace	Family		Mentikov	Jeanie	Family
	Walton	Sarah	Family		Mitchell	Peter	Family
Bigfork	Cornell	Lea	Family		Moore	Douglas	Family
	Ducote	Dana	General		Morissette	Kirsten	Family
	Jenko	Thomas	General		Mulvehill	Sharon	Family
Billings	Agnew	Deborah	Pediatrics		Neubauer	Laurie	Family
	Amsden	Jessica	Internal		Nicholson	Laura	Pediatrics
	Argani	Faranak	Internal		Pestle	Rebecca	Internal
	Asbell	Susan	Internal		Rathe	Laura	Internal
	Ashcraft	Jimmie	Family		Regan	Dennis	Internal
	Braden	Jean	OB & GYN		Ross	Lisa	OB & GYN
	Brown	Elaine	OB & GYN		Sachs	Robert	Internal
	Cabell	Karen	Internal		Sauer	J Patrick	Pediatrics
	Campbell	Bruce	Family	Smith	Angela	Family	
	Canty	Stephanie	Family	Spillman	Richard	Family	
	Carr	F Douglas	Internal	Standish	David	Pediatrics	
	Castles	Shelly	Family	Starr	Brian	Pediatrics	
	Collett	Gordon	Pediatrics	Stevens	Richard	Pediatrics	
	Colson	Emily	Family	Szabo	Laura	Internal	
	Crichlow	Renee	Family	Tapia	Lionel	Pediatrics	
	Crowell	Courtney	Family	Thompson	Frank	Family	
	Cruikshank	Sandra	Family	Uptergrove	Kevin	Family	
	Dahl	Chimene	OB & GYN	Weiss	Deric	Internal	
	Danaher	Julie	OB & GYN	Williamson	Steven	Family	
	Duncan	Heidi	Family	Wittnam	Charles	Internal	
	Emery	Dale	Internal	Wolfe	Rochelle	Family	
	Etchart	Jodee	Family	Boulder	Bailey	Jessica	Family
	Fullerton	Brian	Internal		Burkholder	James	Family
	Gall	Daniel	Family		Lagerquist	Lori	Family
	Gerstner	Steven	Internal		Lechner	David	Family
	Girolami	James	Family		Sargent	Richard	Family
	Gunville	Fred	Pediatrics	Wampler	Todd	Family	
	Guzman	Glenn	Family	Bozeman	Adams	Timothy	Internal
	Hall	Kathryn	Family		Benda	Gabor	Family
	Hamilton	Beth	Internal		Borgenicht	Kathryn	Internal
	Harmon	Lisa	Family		Bronsky	Sarah	Family
	Hemmer	Lawrence	Family		Cady	Andrea	Family
	Hinshaw	James	OB & GYN		Canner	Rebecca	Family
	Husby	Lucinda	Internal		Center	Dean	Family
	Johnson	Julie	Internal		Comer	Keven	Internal
	Johnson	Linda	Pediatrics		Conger	Kenneth	Family
					Dubravac	Stephanie	OB & GYN
					Edwards	Terry	Family

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY				
	Fairbanks	Tracy	Family	Colstrip	Craig	Jackson	Family				
	Feist	James	Pediatrics		Ortiz	Jose	Family				
	Fuller	Dell	Family		Pereles-Ortiz	Jeanne	Family				
	Gill	Scott	Family	Columbia Falls	Brandeberry	Eric	Family				
	Gillis	Shaun	OB & GYN		Carlson	Mary Ann	Family				
	Hansen	Juliet	Pediatrics		Clemens	Jacqueline	Family				
	Harris	Todd	Osteopathic		Cook	Julie	Family				
	Hart	Heather	Internal		Fields	Richard	Family				
	Hathaway	Robert	Internal		Gedlaman	Derek	Family				
	Henyon	Pepper	Pediatrics		Miller	Joan	Family				
	Herring	Michael	Internal		Pitman	Douglas	Family				
	Hiebert	Pamela	Internal	Columbus	Kane	David	Family				
	Hildner	Thomas	Family		Klee	Richard	Family				
	Hodgson	Mark	Pediatrics	Corvallis	Courchesne	Yvonne	Family				
	Hoffman	David	Family		Rudd	Jane	Family				
	Holland	Patrick	OB & GYN		Deer Lodge	Corbin	Michelle	Family			
	Idzerda	Sheila	Pediatrics	Martin		Wayne	Family				
	Izbicki	Karen	Internal	Oser		Barry	Family				
	Kirchhoff	Colette	Family	Dillon	Blake	Curtis	Family				
	Krebsbach	Eugene	Family		Carrick	Patricia	Family				
	Livers	Eric	Pediatrics		Grantham	Patricia	Family				
	Loeffelholz	James	Internal		Hansen	Burke	Family				
	Maleski	Teresa	Family		Henke	Paul	OB & GYN				
	McDonnell	Christine	OB & GYN		Loge	Ronald	Internal				
	McInnis	Charlene	Pediatrics	McIntyre	Sandra	Internal	Eureka				
	McLaughlin	David	Family	Fairfield	Stein	Edward		Family			
	Newman	Lori	OB & GYN		Catron	Stephanie		Family			
	Nickisch	Steve	OB & GYN		Forsyth	Hopwood		Donald	Family		
	Omohundro	Luke	Family			Fortine		Smith	Michelle	Family	
	Oriet	Patricia	OB & GYN					Great Falls	Burk	Scott	Internal
	Patterson	John	Family						Etzel	Kelly	Family
	Persson	Anders	Internal						Freeland	Lisa	OB & GYN
	Peters	William	OB & GYN						Gordon	Daniel	Family
	Quinn	Christine	Trauma						Harkness	James	Family
	Ramsey	Leonard	Family						Johnson	Marcus	Family
	Robbins	John	Internal						Joyner	Donald	OB & GYN
Saari	George	Internal	Krauss	Kirsten			Internal				
Shomento	Stacy	OB & GYN	Kuykendall	Julie	OB & GYN						
Sikoski	Peter	Family	Legan	James	Internal						
Sofianek	Joseph	Family	Margaris	Melchisdek	Family						
Sonnenberg	Larry	Family	Martin	Bryan	Internal						
Spannring	Joan	Internal	Miles	Mark	OB & GYN						
Vlases	Michael	Internal	Robbins	M Joann	OB & GYN						
Waterman	Cathy	Family	Hamilton	Ashcraft	Walker	Family					
Wheeler	Heather	Family		Borino	Teresa	Family					
Whittinghill	Susan	Family		Brouwer	Lawrence	Family					
Wong	Alice	OB & GYN		Courchesne	John	Internal					
Butte	Burton	Susan		OB & GYN	Favara	Blaise	Pediatrics				
	Gould	Stanley		OB & GYN	Forbes	Virginia	Family				
	Healy	Sharon		Family	Humphrey	Maria	Pediatrics				
	Henke	Paul		OB & GYN	Laraway	David	OB & GYN				
Madany	John	Family		Chinook	Nemes	Joseph	General				
	Popovich	Keith				Internal	White	Barry	Family		
Thuesen	Vicki	Family	Choteau	Moore	Caralynn	Family					

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
	Milch	Lisa	Internal		Larson	Jay	Internal
	Moreland	John	Internal		Lechner	David	Family
	Smith	Gary	Internal		Malany	Andrew	OB & GYN
	Stewart	Randy	Family		McMahon	Jack	OB & GYN
	Wagner	Alexis	Family		McRee	Heather	Family
Hardin	Billin	Aaron	Family		Nordwick	Nancie	Pediatrics
	Caprata	Kim	Family		Palcisko	Michael	Pediatrics
	Greimann	Carolyn	Internal		Reynolds	John	Pediatrics
	Kirkland	Brenda	Family		Riessen	Erik	Internal
	Ostahowski	Gary	Family		Roope	Beverly	Family
	Trevino	Carlos	Family		Sargent	Richard	Family
	Whiting	Robert	Family		Smigaj	Denise	OB & GYN
Harlem	Nemes	Joseph	General		Snider	William	Family
Harlowton	Gebhardt	Daniel	General		Strekall	Michael	Family
	Ham	Tony	Family		Strizich	Thomas	Pediatrics
	MacCart	John	Family		Vanhorsen	Jamie	Family
	Thompson	Dwight	Family		Wampler	Todd	Family
	Wolf	Mary	Family		Wiley	Frank	Family
Havre	Blossom	Mark	Internal		Williams	Derek	Family
	Booth	Thomas	Family	Hot Springs	Catalanello	Mark	Family
	Henderson	Robert	Internal		Hanson	Gregory	Family
	Huffman	Phillip	Internal		Shear	Alan	Family
	Latkovich	Katarina	Internal	Jordan	Muniak	Daniel	Family
	Lien	Karen (Karrie)	Family	Kalispell	Anderson	Jonathan	Family
	Miller	Frank	OB & GYN		Armstrong Jr.	James	Family
	Nolan	Michael	Family		Barinowski	Linh	Family
	Richardson	Bruce	Family		Charman	Alison	Internal
	Swietnicki	Suzanne	OB & GYN		Dugan	Shelley	Family
	Ward	Mark	Internal		Fleischer	Lisa	Family
	Williams	Aryls	Pediatrics		Habel	David	Internal
Helena	Augustine	Teresa	Pediatrics		Jonas	Gwenda	OB & GYN
	Bailey	Jessica	Family		Jonas	Kenneth	Family
	Batey	William	Family		Klein	Debra	OB & GYN
	Bonde	Trena	Family		Lavin	John	OB & GYN
	Bristow	Donna	Family		Nelson	Douglas	Internal
	Brunsdon	Jennifer	Family		Nelson	Gina	OB & GYN
	Bryant	Lynne	OB & GYN		Oehrtman	Pamela	Family
	Burkholder	James	Family		Palchak	Andrew	Family
	Cody	Karen	Family		Peterson	Dennis	Internal
	Danielson	Michelle	Pediatrics		Ponti	Julie	Internal
	Ditchey-Hellems	Susan	OB & GYN		Sax	Karrin	OB & GYN
	Eodice	Diane	Pain Mgmt		Seymour	Michael	Internal
	Eodice	Paul	Family		Sherrick	Robert	Internal
	Fernandez	William	Internal		Swanberg	Louise	Internal
	Fritz	Blayne	Pediatrics		Treadwell	Leah	Family
	Gormely	Dawn	Family		Vranish	Loren	Family
	Hay	Michael	OB & GYN		Walker	Sarah	Family
	Hess	Phillip	Family		Weber	Kyle	Family
	Howell	Sheri	Family		Weiner	Eric	Internal
	Huntley	Maria	OB & GYN		Winkel	R Dennis	Family
	Hutchison	Mary	Pediatrics		Young	Kathleen	OB & GYN
	Jordan	David	Internal		Zander	Melanie	Family
	Justad	Jean	Internal	Lakeside	Gullotta	Suzanne	Family
	Keefe	Erin	Pediatrics	Libby	Peters	Jana	Family
	Kenny	Lisa	Family	Livingston	Coleman	Doyle	Family
	Kolar	Carol	OB & GYN				

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Flook Benjamin	Family		Simmons Sandra	Pediatrics
	Noteboom Dennis	Family		Smith Stephen	OB & GYN
	Reid Genevieve	Family		Swinyard Michael	Pediatrics
	Rowe Thomas	Internal		Westphal David	Family
	Scanson Peggy	OB & GYN			
	Schulein Mark	Family	Noxon	Catalanello Mark	Family
	Scofield Ted	Internal		French Dean	Family
	Wadle Douglas	Internal		Shear Alan	Family
Malta	Giblette Thad	Family	Plains	Catalanello Mark	Family
Miles City	Holland Randy	Family		Drye John	Family
	Reynolds Lourdes	Pediatrics		French Dean	Family
	Schillo Sherry	Family		Hanson Gregory	Family
	Shiotani Glenn	Family		Mack Randall	Family
	Vadheim A	Internal	Plentywood	Pletinskaya Ekaterina	Family
	Young James	Pediatrics		Stoner Kirk	Family
Missoula	Arnold John	Pediatrics	Polson	Carte Tomothy	Pediatrics
	Baker Cheryl	OB & GYN		Cato Mary	Family
	Baskett Kathleen	General		Cullis William	Family
	Baumgartner Thomas	OB & GYN		Gochis Paul	Family
	Burke Timothy	OB & GYN		Gorman David	Family
	Carnegie Margaret	Family		Gullotta Suzanne	Family
	Cone Clancy	Internal		Harrop Cara	Family
	Davis Carla	Family		Irwin Stephen	Family
	Degrazio Brenda	OB & GYN		Jones Heather	Family
	Engberg Lynn	Family		Katsma Timothy	Family
	Ferguson J Paul	OB & GYN		Mangold Marci	Family
	Genader Beverly	Pain Mgmt		Palmieri Steven	Family
	Gerstle Lawrence	Internal		Panos Craig	Family
	Gibson Carla	Family		Probst Dennis	Family
	Goren Carolyn	Cardiology		Rausch Daniel	Family
	Gottman Dirk	Pediatrics		Taylor Susan	Family
	Harper Daniel	Pediatrics		Velk Mary	Family
	Harvey Gary	OB & GYN		Vizcarra Ed	Family
	Howard Raymond	Osteopathic		Yoder Steven	Family
	Hubbard Duncan	Family	Red Lodge	George William	Family
	Kleschen Mary	Family		Mohl Virginia	Family
	Knudsen Valerie	OB & GYN		Oley III William	Family
	Kress Eric	Family		Quirk James	Family
	Laine Tedd	Pediatrics	Ronan	Cullis William	Family
	Larson Jennifer	OB & GYN		Gochis Paul	Family
	Lindley Jeffrey	Family		Harrop Cara	Family
	Lowder Thomas	Pediatrics		Jones Heather	Family
	McCoy Craig	OB & GYN		Maaliki Hikmat	Family
	McNerney Sarah	Family		Mangold Marci	Family
	Marks R	Family		Velk Mary	Family
	Marx Laura	Family		Vizcarra Ed	Family
	Montgomery Lynn	OB & GYN		Yoder Steven	Family
	Pitt Jesse	OB & GYN	Roundup	Madi Ahmed	Internal
	Priddy Michael	Family		Zohary Hossam	Family
	Quick Edward	Family	St. Ignatius	Cullis William	Family
	Randall Thomas	Pediatrics		Davis Victor	Family
	Rauch Kristen	GYN		Gochis Paul	Family
	Ravitz Eric	Family		Jones Heather	Family
	Richards Lindsay	OB & GYN		Mangold Marci	Family
	Ries Justin	Family			
	Sax Karrin	Family			
	Sienkiewicz Holly	OB & GYN			

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	
	Velk	Mary	Family
	Vizcarra	Ed	Family
	Yoder	Steven	Family
Sheridan	Leavens	Dayna	Pediatrics
Stevensville	Baldrige	Teresa	Internal
	Livingston	Amanda	Family
	Paul	Mark	Family
	Reed	Frank	Family
Superior	Chambers	Laurel	Family
	Jones	Terry	General
	Ornelas	Ernesto	Family
	Park	Yong	Family
	Smith	Terry	Family
Thompson Falls	Catalanello	Mark	Family
	Hanson	Gregory	Family
	Lovell	Randy	Family
	Nelson	Raymond	General
Whitefish	Beach	Anita	Family
	Bowden	Mirna	OB & GYN
	Erickson	Jay	Family
	Holdhusen	Christopher	Family
	Kalbfleish	John	Family
	Miller	Jon	Family
	Miller	Ronald	Family
	Munzing	Daniel	Family
	Neff	Kathryn	Family
Whitehall	Sacy	Gayle	Family
	Sacy	Steven	Family
White Sulphur Springs	Brown	Laurie	Family
	Bullington	Ben	Family
	Dreblow	Scott	Family
	Steinberg	Marc	Pediatrics

PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
Absarokee	Exley	Jack	Family Practice		Plummer	L. Eugene	Family Practice
	Ragar	Todd	Family Practice		Ragar	Todd	Family Practice
	Spuhler	Sheri	Family Practice		Roane	Douglas	Internal Medicine
Anaconda	Connors	Stacie	Pediatrics		Schiffert	Martin	Family Practice
	Robison	Jill	Pediatrics		Schnitzer	Brian	Family Practice
	Wells	Richard	Family Practice		Sears	Scott	Internal Medicine
Billings	Anderson	Richard	Internal Medicine		Shaub	Stephen	Family Practice
	Bailey	Ieva	OB & GYN		Sorensen	Neal	Internal Medicine
	Beijer	Kerstin	Family Practice		Standish	David	Pediatrics
	Blossom	Mark	Internal Medicine		Stanley	Merrill	Family Practice
	Bullman	Jon	Family Practice		Stevens	Richard	Pediatrics
	Busch	Byron	Internal Medicine		Tapia	Lionel	Pediatrics
	Campbell	Bruce	Family Practice		Thompson	Frank	Family Practice
	Collett	Gordon	Pediatrics		Wickstrom	Glenda	Internal Medicine
	Cook	Cheryl	Internal Medicine		Williams	Joyce	Internal Medicine
	Crichlow	Renee	Family Practice		Winbush	Nicole	Family Practice
	Dahl	Chimene	OB & GYN	Bridger	Exley	Jack	Family Practice
	Dietrich	Janet	OB & GYN		Fouts	T. Bradley	Family Practice
	Ezell	Douglas	OB & GYN	Butte	Bartakke	Swaroop	Internal Medicine
	Fahrenwald	Roxanne	Family Practice		Bodine	Jonathan	Internal Medicine
	Fishburn	Amy	Internal Medicine		Carrick	Patricia	Family Practice
	Forseth	Hal	OB & GYN		Chamberlain	David	Internal Medicine
	Fritz	Stephen	Internal Medicine		Chopyak	Joseph	Family Practice
	Fuller	Bradley	Internal Medicine		Cortese	Florian	Internal Medicine
	Gerbasi	Paolo	Family Practice		Curry	Eva	Family Practice
	Gobin	Mark	Internal Medicine		Ellis	William	Family Practice
	Gray	Jimmy	Internal Medicine		Gould	Stanley	OB & GYN
	Guyer	James	Family Practice		Graham	Kenneth	Pediatrics
	Hagan	Michael	Internal Medicine		Healy	Shari	Family Practice
	Hager	Dwight	Family Practice		Henke	Paul	OB & GYN
	Haug	William	Family Practice		Hunt	Kenneth	Family Practice
	Hinshaw	James	OB & GYN		Jenrich	Marianne	OB & GYN
	Hugelen	Julie	Family Practice		Karmaker	Nivedita	Pediatrics
	James	Thomas	Family Practice		Kautzman	Jessie	Family Practice
	Johnson	David	Internal Medicine		Kenny	Lisa	Family Practice
	Johnson	Jeffrey	Internal Medicine		Kronenberger	Brett	Internal Medicine
	Johnson	Vernon	Family Practice		Kumar	Rakesh	Internal Medicine
	Jozwiak	Mary	Internal Medicine		Leavns	Dayna	Family Practice
	Kadri	Abdulmajeed	Internal Medicine		LeFever	Michael	Family Practice
	Kadri	Kathie	Internal Medicine		McGree	Patrick	Family Practice
	Kent	Thomas	OB & GYN		Mulcaire-Jones	George	Family Practice
	Kirkland	Brenda	Family Practice		Munro	Leslie	Geriatrics
	Kummer	Marian	Pediatrics		O'Brien	Al	Family Practice
	Langohr	Janis	Pediatrics		Popovich	Keith	Internal Medicine
	Malloy	John	Family Practice		Pullman	John	Internal Medicine
	Malters	Edward	Internal Medicine		Robison	Jill	Pediatrics
	McClave	Charles	Internal Medicine		Russell	Kathy	Family Practice
	Mehia	Denise	Internal Medicine		Sager	Wayne	Pediatrics
	Metzger	Michael	Internal Medicine		Salisbury	Dennis	Family Practice
	Michels	Frank	Family Practice		Salisbury	Jessie	Pediatrics
	Molloy	Daniel	OB & GYN		Sessions	Lisa	Family Practice
	Moore	Douglas	Family Practice		Sewell	Jeffrey	Pediatrics
	Mulvehill	Sharon	Family Practice		Shepherd	Susan	Pediatrics
	Neuhoff	Douglas	OB & GYN		Siddoway	Paul	Internal Medicine
	Nichols	Robert	Family Practice		Sironi	Rindo	OB & GYN
	Nicholson	Laura	Pediatrics		Stager	Valli	Family Practice
	Page	Crystal	Internal Medicine		Taverna	Jacob	Internal Medicine
	Petersen	Susan	Family Practice		Thuesen	Vicki	Family Practice

PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY
	Webb Wilson	B. Kirwan Judy	Internal Medicine Internal Medicine
DeerLodge	Bailey	Barb	Family Practice
	Corbin	Michelle	Family Practice
	Martin	Wayne	Family Practice
	Oser	J. Barry	Family Practice
Forsyth	Anderson	William	Family Practice
	Whitehead	Douglas	Family Practice
Hardin	Billin	Aaron	Family Practice
	Campbell	Bruce	Family Practice
	Greimann	Carolyn	Family Practice
	Ostahowski	Gary	Family Practice
	Ralicke	Eileen	Family Practice
	Smith	Angela	Family Practice
	Troyer	Lin	Family Practice
Harlowton	MacCart	John	Family Practice
	Wolf	Mary	Family Practice
Laurel	Forseth	Lori	Family Practice
	Hager	Dwight	Family Practice
	McCrea	Kevin	Family Practice
	Richardson	E. Lee	Family Practice
	Ulrich	Robert	Family Practice
	VanNice	Robert	Family Practice
Red Lodge	Fouts	Thomas	Family Practice
	Zavala	Jeffrey	Family Practice
Worden	Hart Stanley	Nadine Merrill	Family Practice Family Practice

MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

STATE CONTRIBUTION FOR 2007

ACTIVE EMPLOYEES \$ 557.00 (a)
RETIREES \$ 0.00 (a)

CORE BENEFITS

MEDICAL PLAN (See rates on pages 8 & 9)

CHOOSE ONE

Traditional:	\$ _____	(b)
Blue Choice:	\$ _____	(b)
New West:	\$ _____	(b)
Peak Health:	\$ _____	(b)

DENTAL PLAN (See rates on page 17) \$ _____ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 24 – Retirees, please see eligibility section) \$ 1.76 (d)

TOTAL CORE BENEFITS PREMIUM Add lines b, c, and d = \$ _____ (e)

OPTIONAL BENEFITS (Retirees are only eligible for Long-Term Care and Vision in this section)

FLEXIBLE SPENDING ACCOUNTS (Page 20 - 22) Medical FSA \$ _____ (g)
Dependent Care FSA \$ _____ (h)
Required administrative fee of \$2.16 if an amount is entered on line g and/or h \$ _____ (i)

VISION PLAN (See Rates on Page 18) \$ _____ (j)

LIFE INSURANCE (See rates on page 24) Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ _____ (k)
Optional Employee Life (Age rate x every \$1,000 of coverage) \$ _____ (l)
Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ _____ (m)
Accidental Death & Dismemberment (\$.020 or \$.030 (with dependents) x every \$1,000 of coverage) \$ _____ (n)

LONG TERM DISABILITY (See Rates on Page 25) \$ _____ (o)

LONG TERM CARE (See Rates on Pages 28 & 29) \$ _____ (p)

OPTIONAL BENEFITS PREMIUM Add lines g, h, i, j, k, l, m, n, o and p = \$ _____ (q)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2007 BENEFITS

CORE BENEFITS Enter amount from line e \$ _____ (r)
OPTIONAL BENEFITS Enter amount from line q \$ _____ (s)
TOTAL BENEFITS Add lines r and s \$ _____ (t)
STATE CONTRIBUTION Enter amount from line a \$ _____ (u)
TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2007 BENEFITS Subtract line u from t \$ _____